



South Dakota Mental Health Statistics Improvement Program (MHSIP)

Draft Year 2005: What Do Youth Consumers and Family of Children and Youth Respondents Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by youth consumers of services received from local community mental health centers. Since 2001 a random survey has been conducted yearly of youth fourteen years of age or older who had serious and persistent mental illnesses. Starting in Year 2003 a random survey was also conducted of Family of Children and Youth. All eleven community mental health centers have volunteered to participate in these surveys.

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Survey Distribution and Returns

The Youth and Family of Children and Youth samples were derived from all active cases who had received at least one service in the last 3 months. Where possible 100 cases were randomly selected from each Center, of which 80 were sent out and 20 were reserved for those questionnaires sent back as undeliverable. Where there were fewer than 100 cases appropriate compromises were made.

Youth Sample: For Year 2005, out of 733 surveys sent out 61 surveys were returned as undeliverable because of a bad address, leaving 672 possible successful returns. Compared to last year this represents an increase of 14% in the number of youths being served.

Surveys were returned by 98 youth, for a return rate of 14.6%. Youth were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. Ninety-seven (97) youth did this. This represents a return completion rate of 14.4%. Both these figures are lower than last year's return rate of 20% - 21%.

The lower return rate for this survey compared to those of prior years is attributable to a change in survey method. In previous years a second survey was sent out after approximately two weeks to those who had not as yet returned their survey. This year the survey was sent out once only.

Youth Sample: Number of Surveys Completed by Centers for each Year

| PROVIDERS | Grand Total | Year 2001 | Year 2002 | Year 2003 | Year 2004 | Y2005 Delivered | Y2005 Usable | Y2005 %Usable |
|--|-------------|------------|------------|------------|------------|-----------------|--------------|---------------|
| Not Available | 22 | 18 | 0 | 4 | 0 | n.a. | 0 | |
| Behavior Management Systems | 47 | 12 | 20 | 15 | 17 | 89 | 14 | 15.7% |
| Capital Area CS | 20 | 7 | 5 | 8 | 8 | 64 | 8 | 12.5% |
| Community Counseling Services | 24 | 10 | 9 | 5 | 8 | 47 | 2 | 4.3% |
| Dakota Counseling Institute | 50 | 9 | 22 | 19 | 24 | 63 | 16 | 25.4% |
| East Central Mental Health | 12 | 9 | 1 | 2 | 2 | 7 | 2 | 28.6% |
| Human Service Agency | 32 | 10 | 11 | 11 | 6 | 74 | 10 | 13.5% |
| Lewis and Clark Behavioral Health Services | 62 | 20 | 21 | 21 | 18 | 87 | 22 | 25.3% |
| Northeastern Mental Health Center | 60 | 27 | 17 | 16 | 14 | 87 | 14 | 16.1% |
| Southeastern Behavioral HealthCare | 38 | 6 | 22 | 10 | 12 | 82 | 6 | 7.3% |
| Southern Plains Behavioral Health Services | 23 | 3 | 6 | 14 | 5 | 44 | 2 | 4.5% |
| Three Rivers Mental Health | 14 | 2 | 6 | 6 | 1 | 28 | 1 | 3.6% |
| Totals | 404 | 133 | 140 | 131 | 115 | 672 | 97 | 14.4% |

The table above shows the number of surveys completed for each Center for the five years the survey has been conducted. Of those delivered this year, Center completion rates varied from a low of 4% to a high of 29%

Family of Children and Youth sample: For Year 2005 out of 892 surveys sent out, 46 surveys were returned as undeliverable because of a bad address, leaving 846 possible successful returns. Surveys were returned by 170 respondents; this represents a return rate of 20%, lower than last year's return rate of 27%. These returns were included in the subsequent analyses only if the family member had completed sufficient items to compute at least two of the MHSIP domains. One hundred sixty-three (163) respondents did this, for a return completion rate of 19%.

The lower return rate for this survey compared to those of prior years is also attributable to a change in survey method. In previous years a second survey was sent out after approximately two weeks to those who had not as yet returned their survey. This year the survey was sent out once only.

The table below shows the number of surveys completed for each Center for Years 2003 through 2005. Center completion rates varied from 8% to 33%.

The return and completion rates for these two populations are quite respectable.

Both survey instruments were based on a version of a national instrument designed for youth and for family members/caretakers of youth that is being implemented in many states through the MHSIP Program. The two survey instruments were identical except for wording changes that

made it clear that the Youth were answering questions about themselves, while the Family of Children and Youth were answering questions about their child or youth.

Family Sample: Number of Surveys Completed by each Center for Each Year

| PROVIDERS | Year 2003 | Year 2004 | Year 2005 mailed | Y2005 Delivered | Y2005 Usable | Y2005 %Usable |
|--|--------------|--------------|------------------------|--------------------|-----------------|------------------|
| Not Available | 3 | 4 | | | | |
| Behavior Management Systems | 27 | 31 | 90 | 86 | 16 | 18.6% |
| Capital Area CS | 20 | 27 | 94 | 92 | 15 | 16.3% |
| Community Counseling Services | 21 | 28 | 100 | 93 | 24 | 25.8% |
| Dakota Counseling Institute | 11 | 23 | 39 | 39 | 13 | 33.3% |
| East Central Mental Health | 6 | 2 | 27 | 26 | 8 | 30.8% |
| Human Service Agency | 25 | 13 | 90 | 84 | 12 | 14.3% |
| Lewis and Clark Behavioral Health Services | 15 | 37 | 86 | 82 | 25 | 30.5% |
| Northeastern Mental Health Center | 25 | 17 | 92 | 85 | 16 | 18.8% |
| Southeastern Behavioral HealthCare | 19 | 24 | 98 | 89 | 20 | 22.5% |
| Southern Plains Behavioral Health Services | 12 | 19 | 78 | 77 | 6 | 7.8% |
| Three Rivers Mental Health | 21 | 15 | 98 | 93 | 8 | 8.6% |
| Grand Total | 205 | 240 | 892 | 846 | 163 | 19.3% |

Thus Youth consumers along with Family of Children and Youth parents/guardians were asked to agree or disagree with 21 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the quality of services (used to compute Appropriateness), results of services (used to compute Outcomes), ability to direct their own course of treatment (used to compute Treatment Participation) and staff sensitivity to their background/culture (used to compute Cultural Sensitivity). Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items. This MHSIP score was computed only if two-thirds or more of the questions that comprise the score were answered; otherwise that scale was left blank.

As just defined, scores ranged from a score of 1 (the most positive response) to a score of 5 (the least positive response). Note that on the Youth questionnaire the scale was reversed, with 1 being the least positive and 5 being the most positive response. For this report Youth scores have been transformed for consistency of presentation. Thus for both surveys a consumer whose domain score was less than 2.5 was defined as having been 'satisfied' with respect to that domain. Scores of 2.5 to 3.5 were defined as 'neutral' and scores higher than 3.5 were considered unsatisfied with respect to that domain.

Results for each of these two populations will be compared and contrasted. While the age of the youth who fill out the MHSIP survey is restricted to those 14 years of age or older (actual age range was 14.3 to 18.2), the age of the children and youth in the family sample varied from 2.2 to 18.3 years of age. Seventy-nine of the Family of Children and Youth respondents, approximately

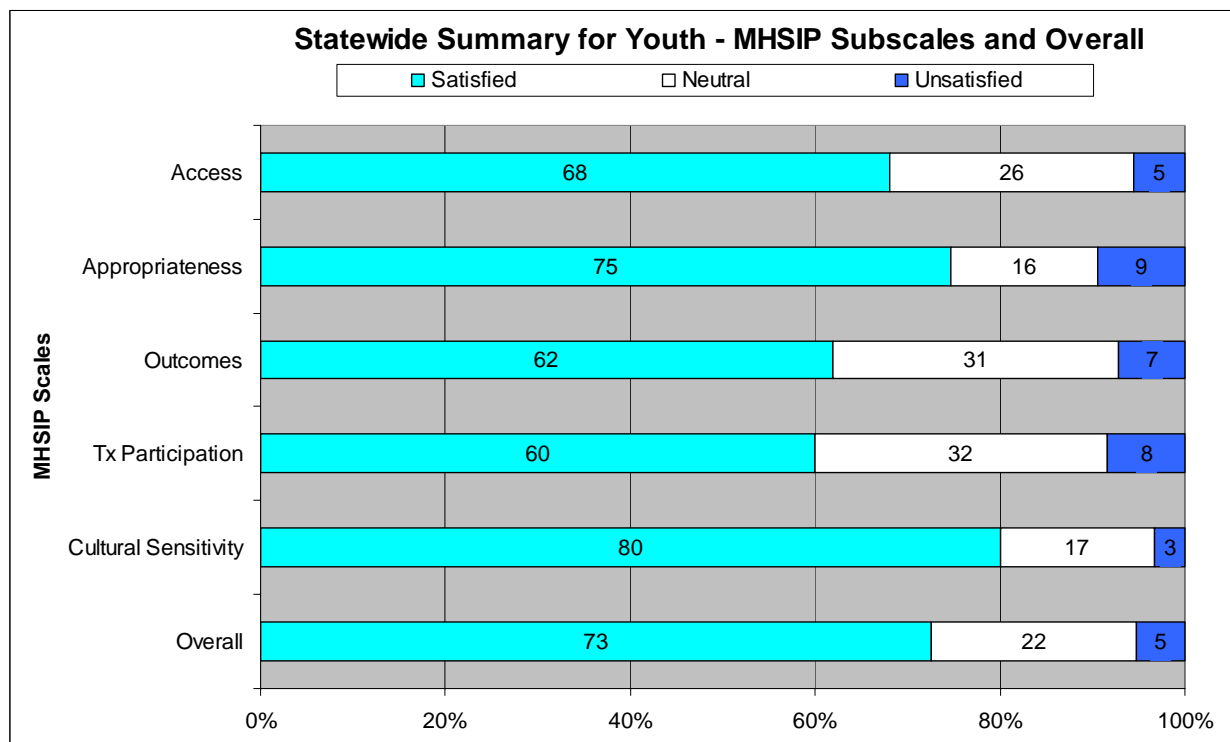
one-third of the sample, were age 14 or older. Where necessary, comparisons between the Youth and Family of Children and Youth will be restricted to those 14 years of age or older.

This data will for the most part be analyzed and presented based on two different types of scores. The main analyses will use the scores themselves as the measure, and compare averages over groupings or levels of another variable. A supplementary set of analyses will use a less powerful statistical technique, chi square, to look at whether a consumer has been classified as 'satisfied', 'neutral', or 'unsatisfied' on a particular domain or on the MHSIP overall in relationship to these same groupings with the levels or scores of another variable.

Findings Statewide

Youth sample Statewide: For Year 2005 the Youth sample results for MHSIP Scale overall are shown in the chart on the next page. This chart presents the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

For the current Youth sample results vary only slightly when compared to last year's results. To assess whether this represented a 'real' change, respondent's average score in each domain were compared for years 2005 to 2004. There was no evidence of a statistically significant change, however ($p > .50$ in all cases).



For the Youth sample the average score for each domain and for the MHSIP Overall are presented in the table below for Years 2005 and 2004. Also included for each domain is the number (and percentage) of these 97 youth consumers for whom a score could be computed.

| Domain | # (and %) of valid scores from the 97 respondents) | Mean Year 2005 | Mean Year 2004 |
|---------------------------------------|--|----------------|----------------|
| Access (based on 2 items) | 91 (94%) | 2.07 | 1.99 |
| Appropriateness (based on 7 items) | 95 (98%) | 2.07 | 2.09 |
| Outcomes (based on 6 items) | 97 (100%) | 2.29 | 2.35 |
| Treatment Participation (3 items) | 95 (98%) | 2.33 | 2.28 |
| Cultural Sensitivity (5 items) | 90 (93%) | 1.90 | 1.90 |
| MHSIP Overall (based on all 23 items) | 97 (100%) | 2.14 | 2.14 |

Outcomes is the domain most closely based on actual behavioral outcomes, and for Adult and Family of Youth consumers is typically the domain that all consumers rate least positively. Youth, however, typically rate Treatment Participation least positively. While last year was an exception to this finding it is interesting to note that this year the domain of Treatment Participation was again slightly more negative than the domain of Outcomes. It is obvious, however, that this difference of four one-hundredths of a scale point was not statistically reliable or clinically meaningful. The same pattern is shown above in the percentage satisfied in these two domains.

Statistically the mean ratings for the domains of Outcomes and Treatment Participation were significantly less positive than the means of any of the other domains ($p < .001$ and beyond); as noted above their means did not differ from each other. Cultural Sensitivity, the domain rated most positively on average, differed significantly from the means of all other domains ($p < .001$ and beyond). The mean ratings for the domains of Access and Appropriateness were between the average ratings for the other domains, and did not differ significantly from each other.

On the domains they share in common, Youths' ratings compared to the ratings of adult consumers were somewhat less positive on all comparable domains except for Outcomes; differences were approximately two-tenths of a scale point. For Outcomes Youth were slightly more positive than Adults by close to one-tenth of a scale point. .

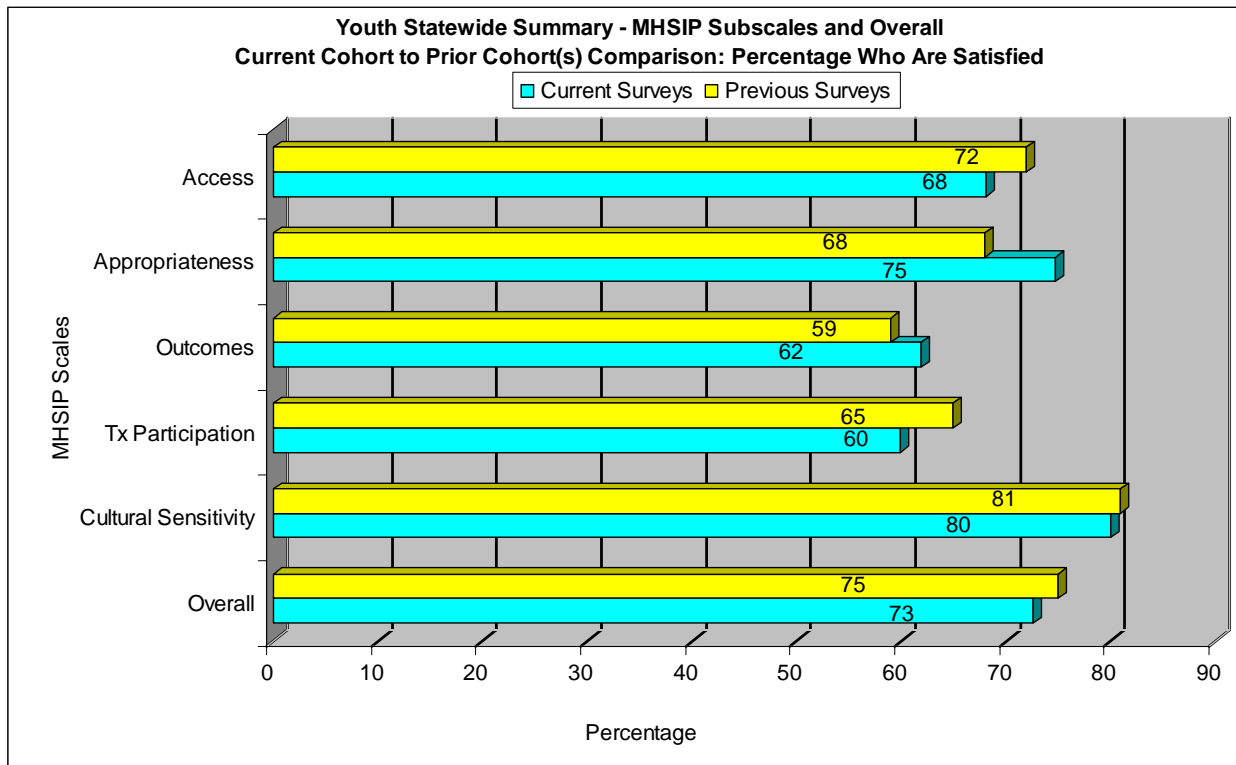
A correlational analysis was done to assess the degree of consistency among the domains. With the exception of last year there has been a relatively high degree of consistency in youth consumer ratings among all the domains. This was again true this year. The lowest correlation among any pair of domains was at least 0.50.

A similar finding occurs when analyzing data from all five years. For the entire sample of Youth the lowest correlation for two domains was .40. This would seem to demonstrate the tendency for consumers to perceive some degree of positivity or negativity among the five domains.

Additional "trend" analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the five administrations of the questionnaire. Overall none were found. That is, there is no evidence that, on average, scores on the MHSIP scales varied significantly. On two domains, Appropriateness and Cultural Sensitivity, there was evidence that scores trended more positively ($p < .05$ on the linear trend in both cases). This can be considered a positive finding.

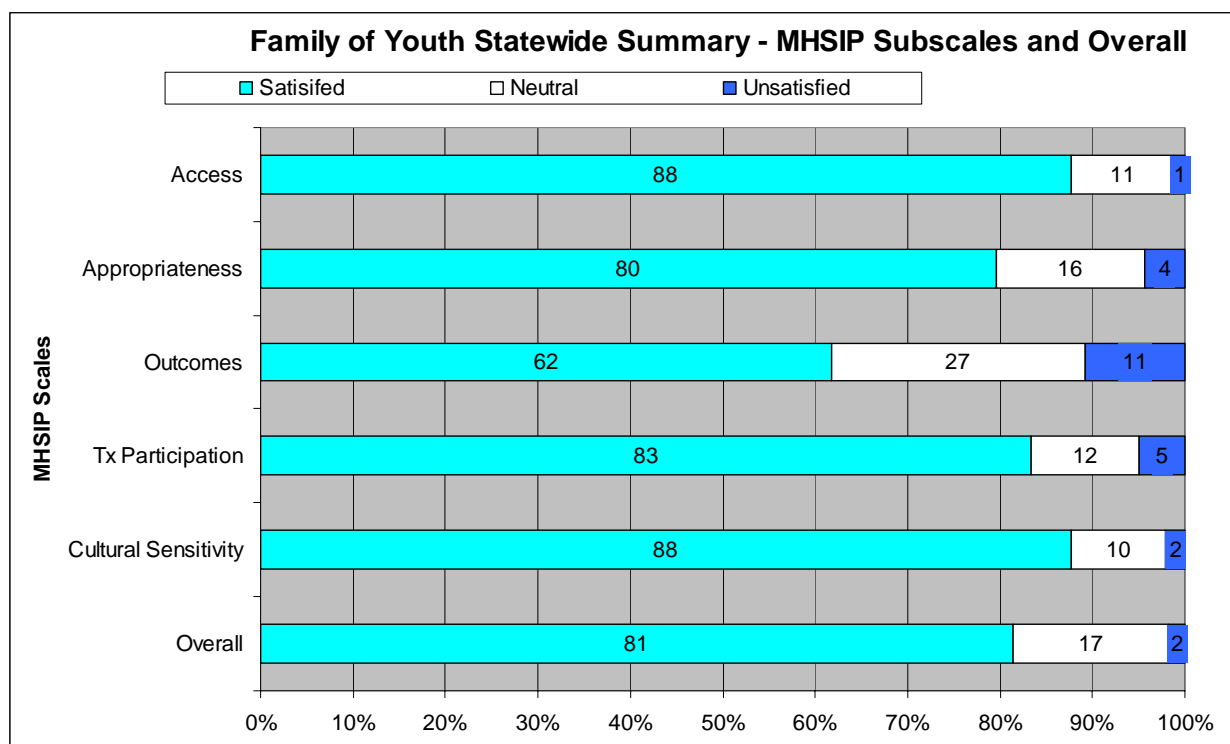
The chart below, which shows the percentage of youth consumers satisfied in each domain for Year 2005 compared to the previous four years, illustrates this for the domain of Appropriateness but not for Cultural Sensitivity. While for both groups the two domains were equal in the percentages who were satisfied, the mean or average score showed steady improvement, albeit to

a small degree only. Thus these results are not discrepant, but rather indicate that the mean is a more sensitive indicator than the percentage of “satisfied” respondents.



Family of Children and Youth sample Statewide: For Year 2005 the Family of Children and Youth results for MHSIP Scale overall are shown in the chart on the next page. This chart present the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

The results for the Family of Children and Youth respondents were quite positive. Visually, these results were even more positive than those for youth consumers for all domains except for Outcomes, where the percentages were identical. These percentages were, over all domains, similar to those for Adult consumers.



For Family of Children and Youth respondents the average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included for each domain is the number (and percentage) of the 240 parents/guardians of consumers for whom a score could be computed.

| Domain | # (and %) of valid scores from the 163 respondents) | Mean Year 2005 | Mean Year 2004 |
|---------------------------------------|---|----------------|----------------|
| Access (based on 2 items) | 162 (99%) | 1.67 | 1.85 |
| Appropriateness (based on 7 items) | 162 (99%) | 1.91 | 2.00 |
| Outcomes (based on 6 items) | 157 (97%) | 2.34 | 2.41 |
| Treatment Participation (3 items) | 162 (99%) | 1.97 | 2.00 |
| Cultural Sensitivity (5 items) | 146 (90%) | 1.72 | 1.69 |
| MHSIP Overall (based on all 23 items) | 163 (100%) | 1.98 | 2.04 |

Outcomes is the domain most closely based on actual behavioral outcomes, and was the domain that Family of Children and Youth respondents rated least positively by a substantial margin. All other domains were rated quite positively. Not surprisingly the domain of Outcomes was rated significantly less positively than the other four domains ($p < .001$ and beyond). Access and Cultural Sensitivity were the domains rated most positive on average; these domains were statistically more positive than the other three domains ($p < .001$). These other three domains did not differ significantly from each other ($p = 0.60$).

As was the case last year there was a high degree of consistency in the way consumers rated four of these five domains. Correlations between pairs of domains fell between 0.41 and 0.72. Also

consistent with last year's findings the correlation of Outcomes with the other four domains was somewhat lower (range: 0.28 – 0.61).

Additional analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the three administrations of the questionnaire. None were found ($p > .15$ for all analyses). That is, there is no evidence that, on average, scores on the MHSIP scales had changed from Year 2003 to the current administration of the survey.

Youth and Family of Children and Youth comparison: Parent/guardian respondents and youth respondents were compared on their average responses to each of the five domains and to MHSIP Overall. There were differences between these two group's average ratings on three of the five domains and on MHSIP overall. The largest differences were found for the domains of Access and for Treatment Participation ($p < .001$, with a moderate effect size in both cases). That is, Family/Guardians compared to the Youth themselves rated both Access to services and their ability to participate in their child/youth's treatment significantly more positively. Similar though smaller differences were found for Cultural Sensitivity and for the MHSIP Overall ($p < .05$ and $p < .01$ respectively, with a small effect size in both cases). No differences were found for the domains of Appropriateness and Outcomes.

It is possible that the significant differences found on these two MHSIP domains is due to a bias or confounding, as there are three major differences between Youth and Family of Children and Youth sample. One such difference was, of course, whether the person filling out the questionnaire is the consumer. The second was the age of the child or youth. Children in the Youth sample were restricted to those 14 years of age or older; there was no such restriction in the Family of Children and Youth sample. The third were the associated characteristics such as living situation. To control for the second and third issues, at least to the degree possible, the same analyses were repeated with the Family of Children and Youth sample restricted to those 14-years of age and older who had lived with their parents and had not lived in a group home or correctional facility. Results very similar to those using the entire sample were found for the domain of Access (same findings) and for Treatment Participation ($p < .05$ because of the decreased n with a small effect size because of a smaller mean difference between the groups). Since similar differences have been found the last two years it is likely that these are real differences rather than artifacts based on differing characteristics of the sample.

Description of Respondents – Youth and Family of Children and Youth

Respondents will first be described for the Youth sample. A description of respondents for the Family of Children and Youth sample will follow.

Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, somewhat more females compared to males were represented in the surveys; compared to last year this represents a decrease in the percentage of male respondents. All respondents provided birthdates, and all reported that their age was 14 or higher. Of those reporting their race/ethnicity most were White, Non-Hispanic (76%), leaving 24% minority youth respondents. This percentage was somewhat lower than the percentages in the preceding two surveys. Two respondents did not provide that information.

Youth: Count of Individuals Completing Items
for Two or More MHSIP Domains

| Race/Ethnicity - Gender | Male | Female | Unknown | Total |
|-------------------------|------|--------|---------|-------|
| White Non-Hispanic | 32 | 40 | 0 | 72 |
| Non-white | 10 | 12 | 1 | 23 |
| Unknown | 0 | 2 | 0 | 2 |
| Total | 42 | 54 | 1 | 97 |

For this year's survey 66 youths (68%) reported that they had lived with a parent in the past 6 months. Nine (9%) of youths reported they had lived with relatives, twelve (12%) reported they had lived in a Foster Home in the past 6 months, thirteen (13%) had lived in a Group Home and thirteen (13%) had lived in a state correctional facility. Twenty-two (23%) of youths had appeared in court in the past 6 months; 13 of the 20 who responded had been charged with a crime. Fifty of the 97 youth (51%) reported that were on medications for behavioral health problems. Fifteen (15% of those who reported) indicated they were no longer receiving services from the Center. Finally, slightly over half of the youth who responded indicated that their parents were receiving services.

Please see Appendix A. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

Family of Children and Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, more male children and youth (60%) were represented in the surveys than female children and youth (40%). There were a slightly higher percentage of males this year than last. Fourteen respondents did not provide birthdates for their child or youth. Of those who did, ages ranged from between two one-half through eighteen years. Three respondents did not provide this information. All but three respondents included information on race/ethnicity; most were White, Non-Hispanic (79%), while 21% were minority. This represents about a 7% percentage increase in white non-Hispanic respondents compared to last year.

Family of Children and Youth: Count of Child/Youth
Consumers Completing Items for Two or More MHSIP Domains

| Race/Ethnicity - Gender | Male | Female | Unknown | Total |
|-------------------------|------|--------|---------|-------|
| White Non-Hispanic | 78 | 49 | 0 | 127 |
| Non-white | 18 | 15 | 0 | 33 |
| Unknown | 1 | 2 | 0 | 3 |
| Total | 97 | 66 | 0 | 163 |

For this year's survey of parents or guardians (including foster care parents) 124 of these children or youths (76%) had lived with a parent in the past 6 months. Eight (5%) had lived with a family member in the past six months, seventeen (10%) of these children and youths had lived in a Foster Home in the past 6 months, three (2%) had lived in a Group Home and five (3%) had lived in a state correctional facility. Nine (6%) of these children and youths had appeared in court in the past 6 months (of these 66% were charged with a crime). Seventy-one (56%) were on medications for behavioral health problems. Forty-five (28%) indicated they were no longer receiving services from the Center. One hundred thirty-one (80%) responded positively with regard to whether parents were receiving services.

Thus a comparison of these two samples indicated more similarities than differences. The Youth sample was restricted, however, to those 14 years of age and older. Thus, children and youth in the Family of Children and Youth survey compared to the youth in the Youth survey were significantly more likely to be male, significantly less likely to have lived in a group home, residential treatment facility, or state correctional facility during the last six months ($p < .05$).

Please see Appendix B. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

For the second year the survey asked respondents to indicate whether they were a parent, relative, guardian, staff person, or 'other'. The results for this year are presented in each category, followed by last year's findings. Being a parent was the modal category ($n = 122$, 74% vs. $n = 171$, 72%). Other categories included being a relative ($n = 5$, 3% vs. $n = 11$, 5%), being a guardian ($n = 21$, 13% vs. $n = 23$, 10%), being a staff person ($n = 1$, 0% vs. $n = 14$, 6%), or other ($n = 14$, 9% vs. $n = 18$, 8%). Others were without exception foster parents. Note that except for the category of staff person the percentages for these two years were quite similar.

While last year parents reported being more satisfied on the MHSIP domains and on MHSIP overall than were members of the other four groups, this pattern was not nearly as clear this year. In fact there was a small tendency for parents to be the least satisfied group for some of the domains. For statistical purposes the responses of parents were compared to the responses of all other groups. As was the case last year, there were no differences between these two groups of respondents ($p > .15$ in all cases). Nor were there differences for both groups combined ($p > .30$ in all cases).

Findings by Center

Overall survey results for each Center for each of the two surveys are shown on the next two pages; results of the Youth survey are presented first, followed by the Family of Children and Youth survey. This will be followed in the same manner by results for each domain the survey was designed to evaluate: Access to Services (the ease and convenience with which they got services), Appropriateness of Services (the quality of services), Outcome of Receiving Services (results of services), Treatment Participation (ability to direct their own course of treatment) and Cultural Sensitivity (staff sensitivity to their background/culture).

Note that in the graphs that follow, small differences in percentages between Centers are not meaningful. Many things may account for the differences you see in charts comparing Centers. Some of the differences may be because the Centers, their services, or the characteristics of their consumers vary.

The 97 youth who completed Year 2005 Youth surveys were served by 11 Centers. Six of the eleven Centers had eight or fewer respondents. Eight of the eleven had fewer than 15 returns.

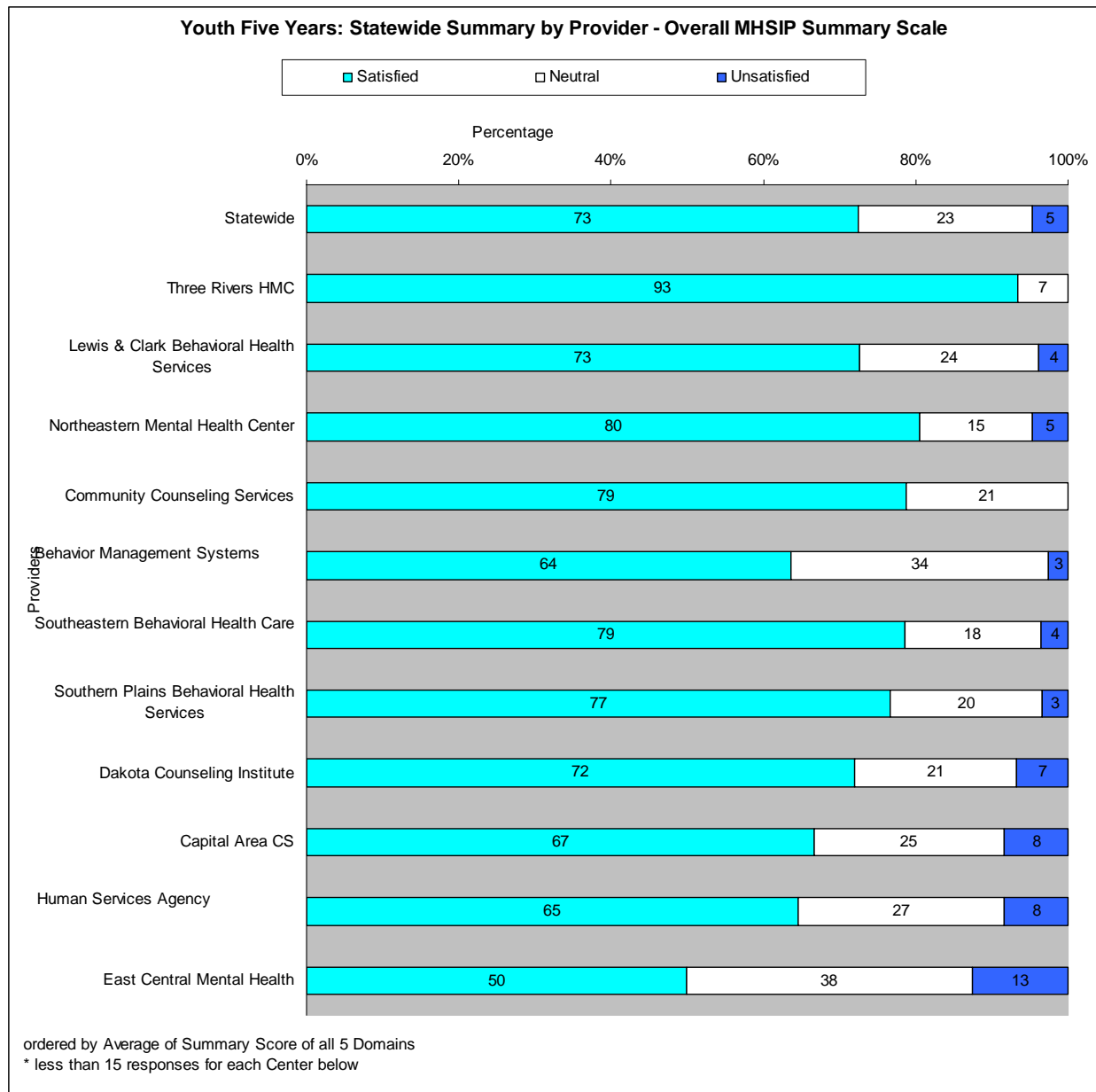
Number of returns ranged from a high of twenty-two (Dakota Counseling Institute) to a low of one (Three Rivers MHC).

Charts and statistics for this year's findings will not be presented for Youth because of the high percentage of Centers with small numbers of returns. Rather charts and statistics will be presented for Youth surveys over the five years the survey has been conducted.

The 163 parents and guardians who completed Year 2005 Family of Children and Youth surveys were served by the same 11 Centers. Five of the eleven Centers had fewer than fifteen respondents. Number of returns ranged from a high of twenty-five (Lewis and Clark Behavioral Health Services) to a low of six (Southern Plains Behavioral Health Services).

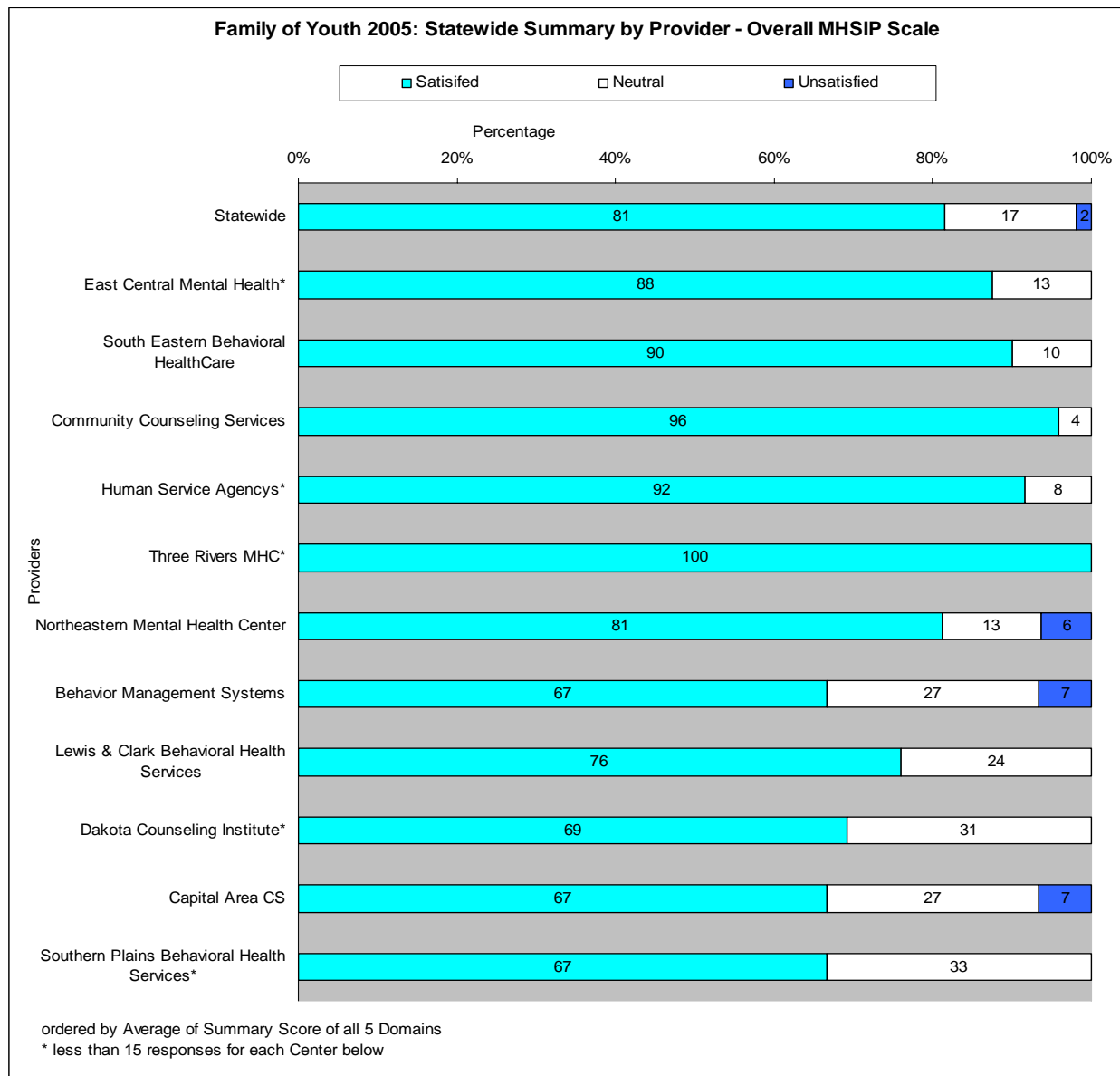
The fact that five of these Centers had fewer than 15 respondents provides even more reason to be wary of drawing conclusions about differences among the centers. When looking at differences among these Centers pay attention to the number of respondents that contributed to each Center's score.

On the following pages are charts comparing Centers for the MSHIP overall as well as each of the five MHSIP domains for Youth, followed by Parents/Guardians.



Youth: For the overall MHSIP Summary score over five years, statewide 73% of consumers were satisfied. The Center satisfaction rates ranged from a low of 50% to a high of 93%. Only one Center, East Central, had more than 10% of their respondents unsatisfied. The table below shows for each Center the means and number of respondents for the overall MHSIP summary score. Differences among Centers over these five years was not statistically significant ($p>.35$).

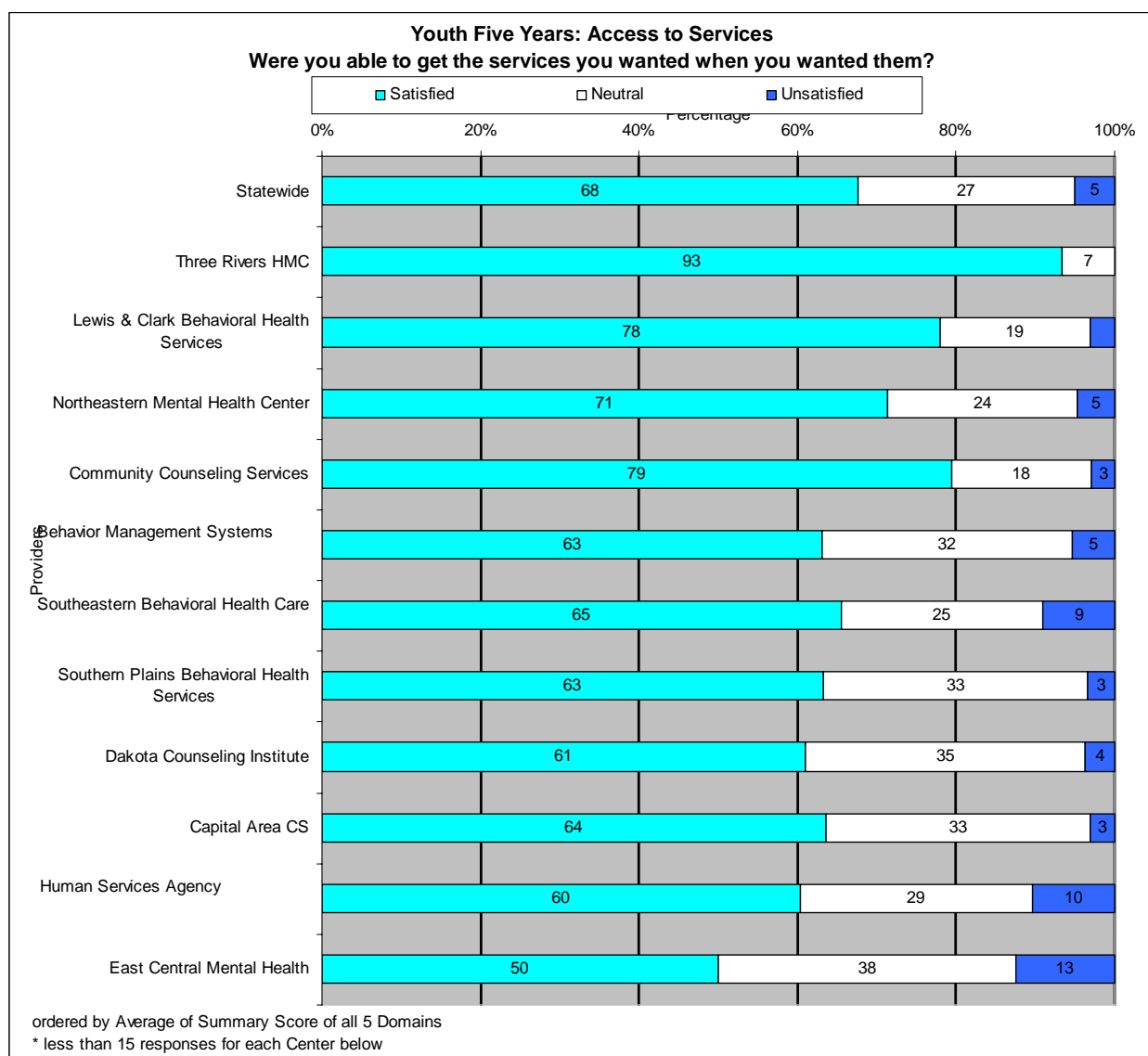
| | | | |
|-------------------------------------|------------|-------------------------------------|-------------------|
| Three Rivers Mental Health | 2.06 (15) | Southern Plains Behav. Health Serv. | 2.23 (30) |
| Lewis and Clark Behav. Health Serv, | 2.13 (102) | Dakota Mental Health | 2.24 (89) |
| Northeastern Mental Health Center | 2.14 (87) | Capital Area Counseling | 2.25 (36) |
| Community Counseling Services | 2.17 (33) | Human Service Agency | 2.39 (48) |
| Behavior Management Systems | 2.20 (77) | East Central Mental Health | 2.54 (16) |
| Southeastern Behavioral HealthCare | 2.22 (56) | Statewide Average | 2.22 (611) |



Family of Children and Youth: For the MHSIP overall, statewide 81% of parents/guardians of children/youth consumers reported they were satisfied. The Center satisfaction rates ranged from a low of 67% to a high of 100%, an excellent result. Furthermore, as was the case last year, there were relatively few ratings that were unsatisfied overall. As shown above, none of the providers had 10% or more of their respondents 'unsatisfied'. **Over the three years of the survey** the Centers did differ in their average ratings ($p < .05$); post hoc tests showed that respondents from East Central and Three Rivers were reliably more satisfied than those from Dakota Counseling.

For Year 2005 the table below shows for each Center the means and number of respondents for the overall MHSIP summary score.

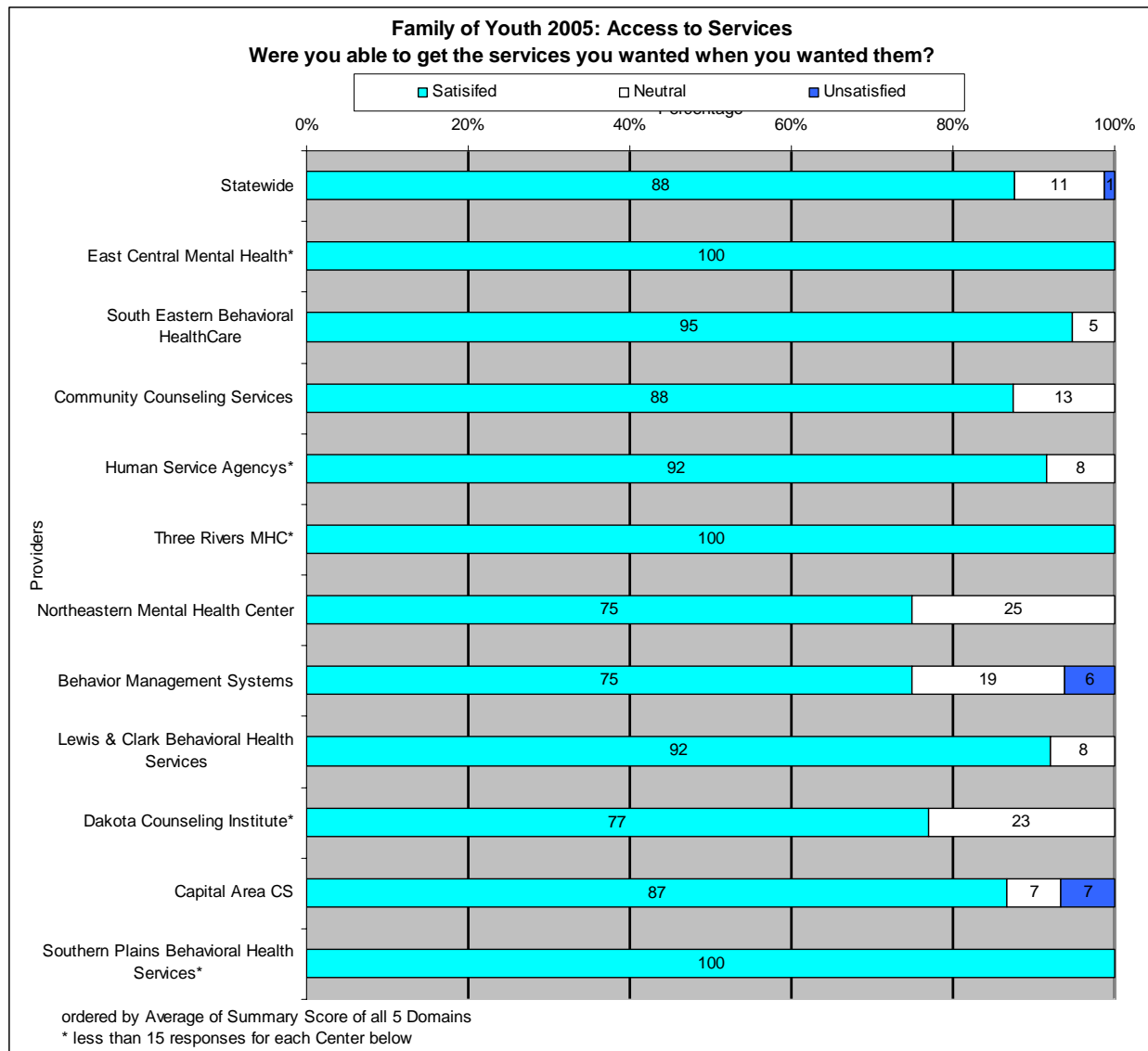
| | | | |
|------------------------------------|-----------|--------------------------------------|-------------------|
| East Central Mental Health* | 1.59 (8) | Behavior Management Systems | 2.04 (15) |
| Southeastern Behavioral HealthCare | 1.76 (20) | Lewis and Clark Behav. Health Serv. | 2.09 (25) |
| Community Counseling Services | 1.87 (24) | Dakota Counseling Institute | 2.11 (13) |
| Human Service Agency* | 1.88 (12) | Capital Area CS | 2.27 (15) |
| Three Rivers Mental Health* | 1.93 (8) | Southern Plains Behav. Health Serv.* | 2.29 (6) |
| Northeastern Mental Health Center | 1.99 (16) | Statewide Average | 1.98 (162) |



Youth: For the MHSIP domain of Access, statewide 68% of consumers reported they were satisfied. The Center satisfaction rates ranged from 50% to 93%. 10% or more of the respondents in two Centers were unsatisfied (see Chart above). Using the entire five years of data the differences among Centers were statistically significant ($p=.05$). Post hoc tests indicated that Youth from Three Rivers Mental Health Center were more satisfied, on average, than Youth from East Central Mental Health and Human Services Agency, Capitol Area CS, and Southeastern Behavioral HealthCare.

The table below shows for each Center the means and number of respondents for the domain of Access for the five years of the Youth survey.

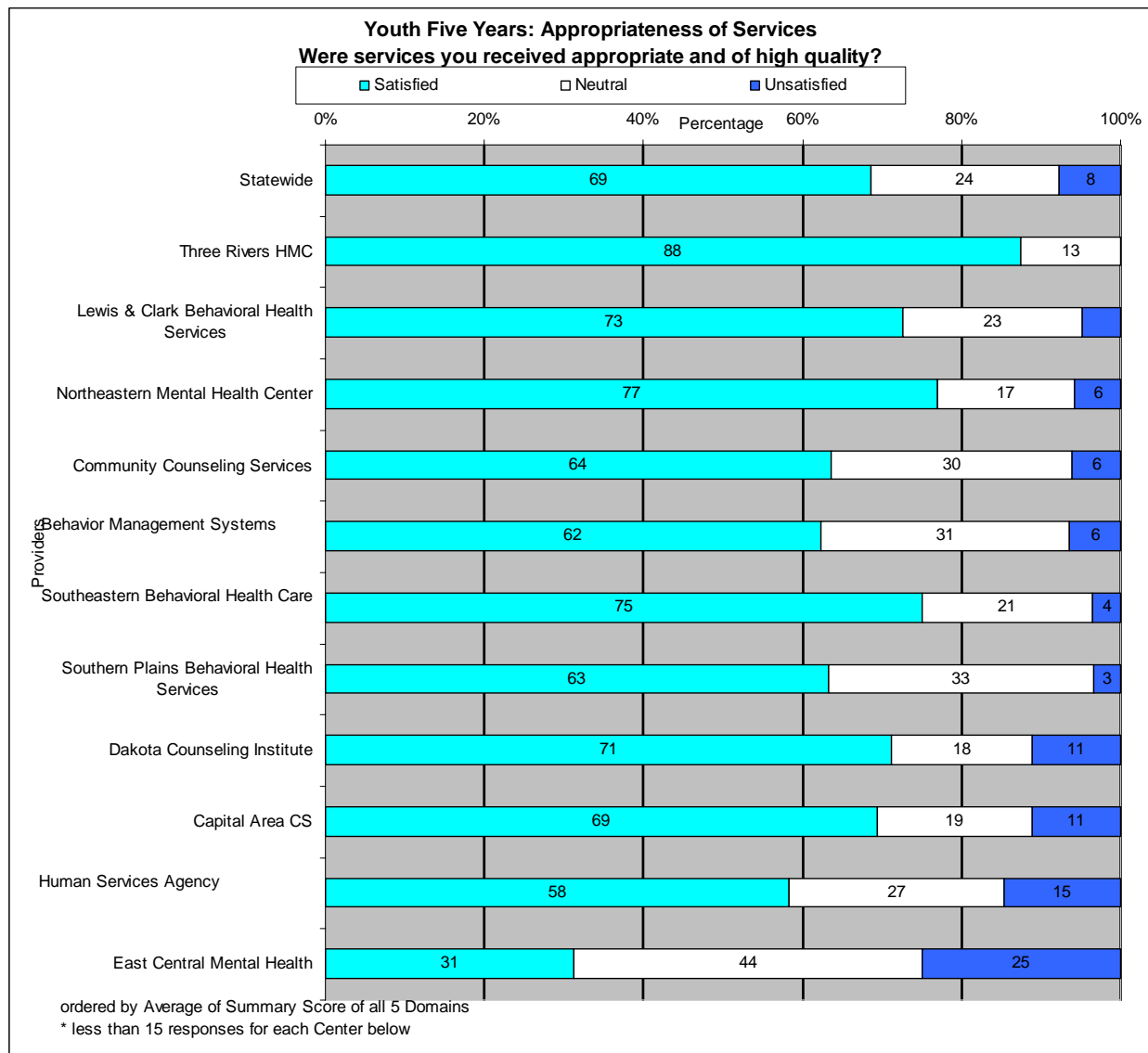
| | | | |
|-------------------------------------|------------|-------------------------------------|-------------------|
| Three Rivers Mental Health | 1.60 (15) | Southern Plains Behav. Health Serv. | 2.05 (30) |
| Lewis and Clark Behav. Health Serv, | 1.94 (100) | Dakota Mental Health | 2.14 (82) |
| Northeastern Mental Health Center | 2.02 (84) | Capital Area Counseling | 2.19 (33) |
| Community Counseling Services | 1.92 (34) | Human Service Agency | 2.31 (48) |
| Behavior Management Systems | 2.09 (76) | East Central Mental Health | 2.43 (16) |
| Southeastern Behavioral HealthCare | 2.20 (55) | Statewide Average | 2.09 (595) |



For the MHSIP domain of Access, statewide 88% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 75% to 100%, an excellent outcome. None of the Centers had as many as 10% of their respondents unsatisfied, an excellent result. **Over the three years of this survey** differences among Centers on their average score on this domain were statistically significant ($p < .01$). Post hoc tests post hoc tests showed that respondents from Three Rivers were reliably more satisfied than those from Human Service Agency and East Central MH ($p < .05$).

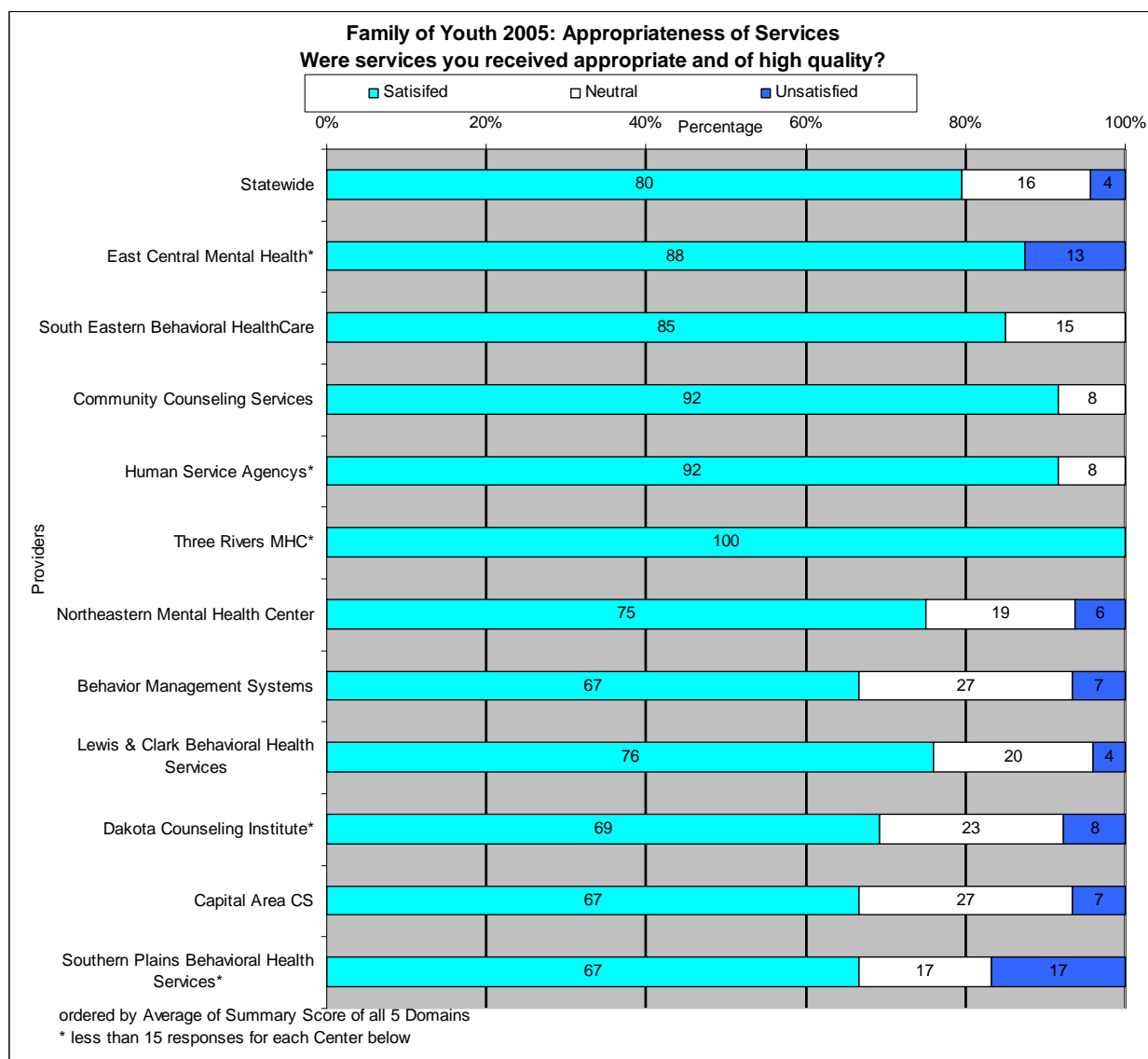
For Year 2005 the table below shows for each Center the means and number of respondents for the MHSIP domain of Access.

| | | | |
|------------------------------------|-----------|--------------------------------------|-------------------|
| East Central Mental Health* | 1.37 (8) | Behavior Management Systems | 1.84 (16) |
| Southeastern Behavioral HealthCare | 1.45 (19) | Lewis and Clark Behav. Health Serv. | 1.74 (25) |
| Community Counseling Services | 1.71 (24) | Dakota Counseling Institute | 1.85 (13) |
| Human Service Agency* | 1.50 (12) | Capital Area CS | 1.77 (15) |
| Three Rivers Mental Health* | 1.56 (8) | Southern Plains Behav. Health Serv.* | 1.50 (6) |
| Northeastern Mental Health Center | 1.78 (16) | Statewide Average | 1.67 (162) |



For the MHSIP domain of Appropriateness, statewide 69% of consumers reported they were satisfied. The Center satisfaction rates ranged from 31% to 88%. Four Centers had 10% or more of its respondents unsatisfied, one of whom-East Central Mental Health-had more than 20% of Youth respondents unsatisfied. Remarkably one Center, Three Rivers, did not have any of its 16 respondents unsatisfied. Using the entire five years of data the differences among Centers above were not statistically significant ($p>.50$). The table below shows for each Center the means and number of respondents for the domain of Appropriateness for the five years of the Youth survey.

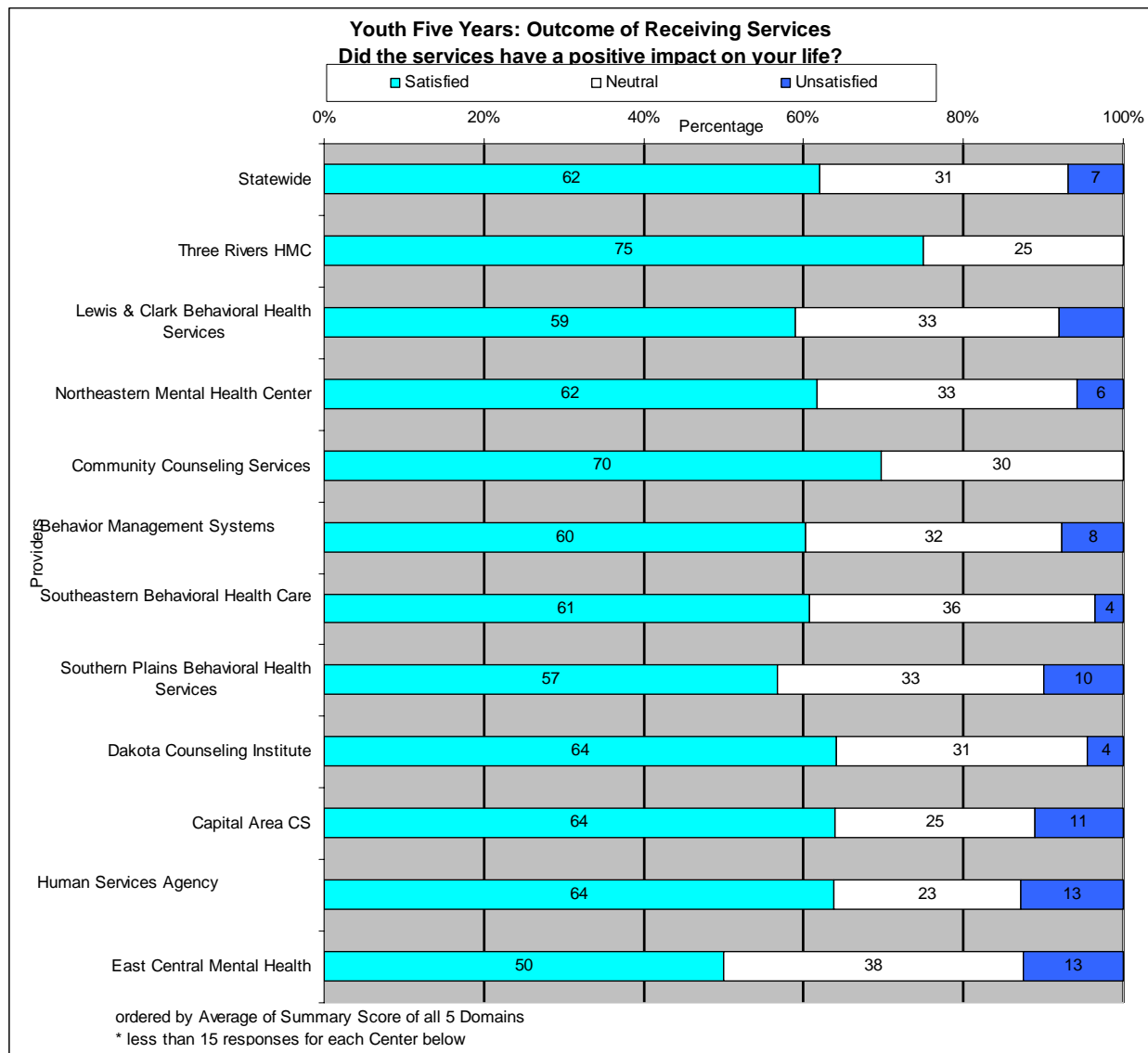
| | | | |
|--|------------|--|-------------------|
| Three Rivers Mental Health [#] | 2.01 (16) | Southern Plains Behav. Health Serv. [#] | 2.21 (30) |
| Lewis and Clark Behav. Health Serv. [#] | 2.04 (102) | Dakota Mental Health [#] | 2.19 (90) |
| Northeastern Mental Health Center [#] | 2.09 (87) | Capital Area Counseling | 2.22 (36) |
| Community Counseling Services | 2.24 (33) | Human Service Agency | 2.40 (48) |
| Behavior Management Systems | 2.23 (77) | East Central Mental Health | 2.83 (16) |
| Southeastern Behavioral HealthCare [#] | 2.09 (56) | Statewide Average | 2.19 (613) |



For the MHSIP domain of Appropriateness, statewide 80% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 67% to 100. **For the three years of this survey** differences among Centers above on their average score on this domain were not statistically significant ($p>.15$). More than 10% of the respondents from two Centers were ‘unsatisfied’ (see chart above).

For Year 2005 the table below shows for each Center the means and number of respondents for the MHSIP domain of Appropriateness.

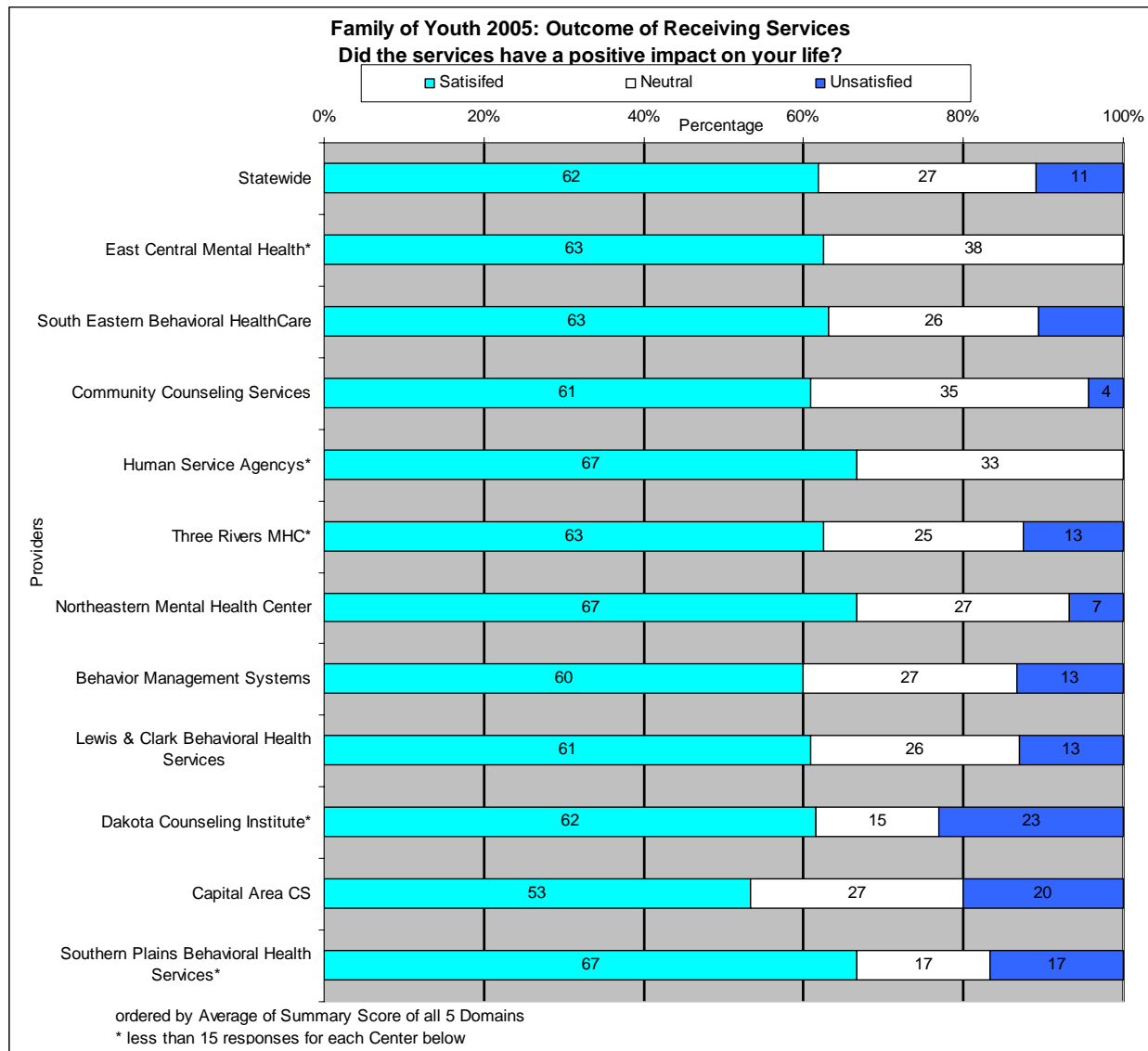
| | | | |
|------------------------------------|-----------|--------------------------------------|-------------------|
| East Central Mental Health* | 1.52 (8) | Behavior Management Systems | 2.02 (15) |
| Southeastern Behavioral HealthCare | 1.60 (20) | Lewis and Clark Behav. Health Serv. | 2.06 (25) |
| Community Counseling Services | 1.71 (24) | Dakota Counseling Institute* | 2.03 (13) |
| Human Service Agency* | 1.78 (12) | Capital Area CS | 2.28 (15) |
| Three Rivers Mental Health* | 1.69 (8) | Southern Plains Behav. Health Serv.* | 2.44 (6) |
| Northeastern Mental Health Center | 1.98 (16) | Statewide Average | 1.92 (162) |



For the MHSIP domain of Outcomes, statewide 62% of consumers reported they were satisfied. The Center satisfaction rates ranged from 50% to 75%. Four Centers had 10% or more of their respondents unsatisfied (see chart above). Using the entire five years of data the differences among Centers above were not statistically significant ($p > .80$).

The table below shows for each Center the means and number of respondents for the domain of Outcomes for the five years of the Youth survey.

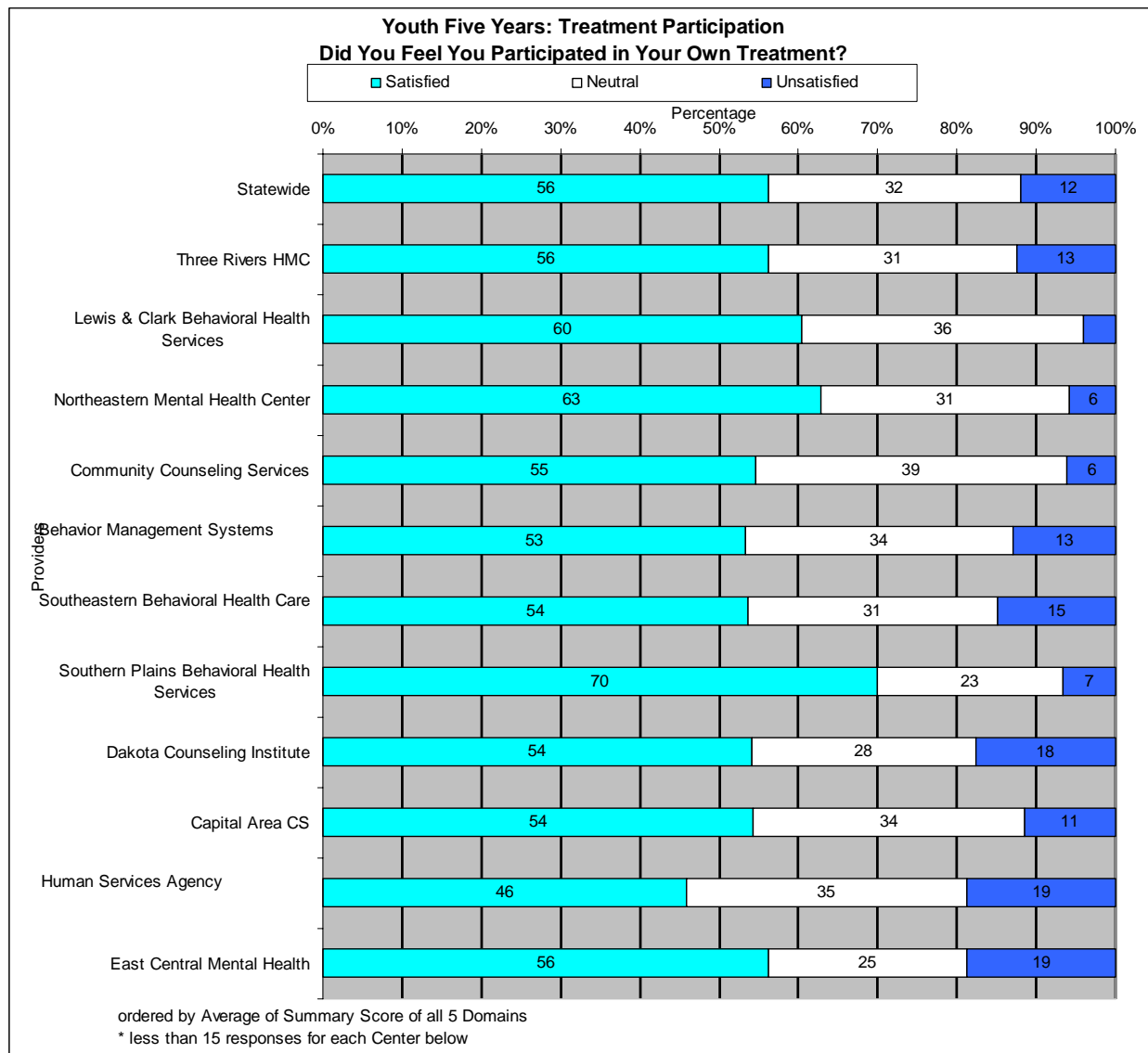
| | | | |
|-------------------------------------|------------|-------------------------------------|-------------------|
| Three Rivers Mental Health | 2.23 (16) | Southern Plains Behav. Health Serv. | 2.43 (30) |
| Lewis and Clark Behav. Health Serv, | 2.36 (100) | Dakota Mental Health | 2.21 (89) |
| Northeastern Mental Health Center | 2.32 (86) | Capital Area Counseling | 2.34 (36) |
| Community Counseling Services | 2.21 (33) | Human Service Agency | 2.47 (47) |
| Behavior Management Systems | 2.30 (78) | East Central Mental Health | 2.46 (16) |
| Southeastern Behavioral HealthCare | 2.38 (56) | Statewide Average | 2.33 (609) |



For the MHSIP domain of Outcomes, statewide 62% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 53% to 67%; Centers were remarkably similar in the percentage satisfied. **For the three years of this survey** no reliable differences among Centers were found ($p > .05$). 20% or more of respondents from two Centers were ‘unsatisfied’ on this domain: Dakota Counseling and Capital Area (see chart above).

For Year 2005 the table below shows for each Center the means and number of respondents for the MHSIP domain of Outcomes.

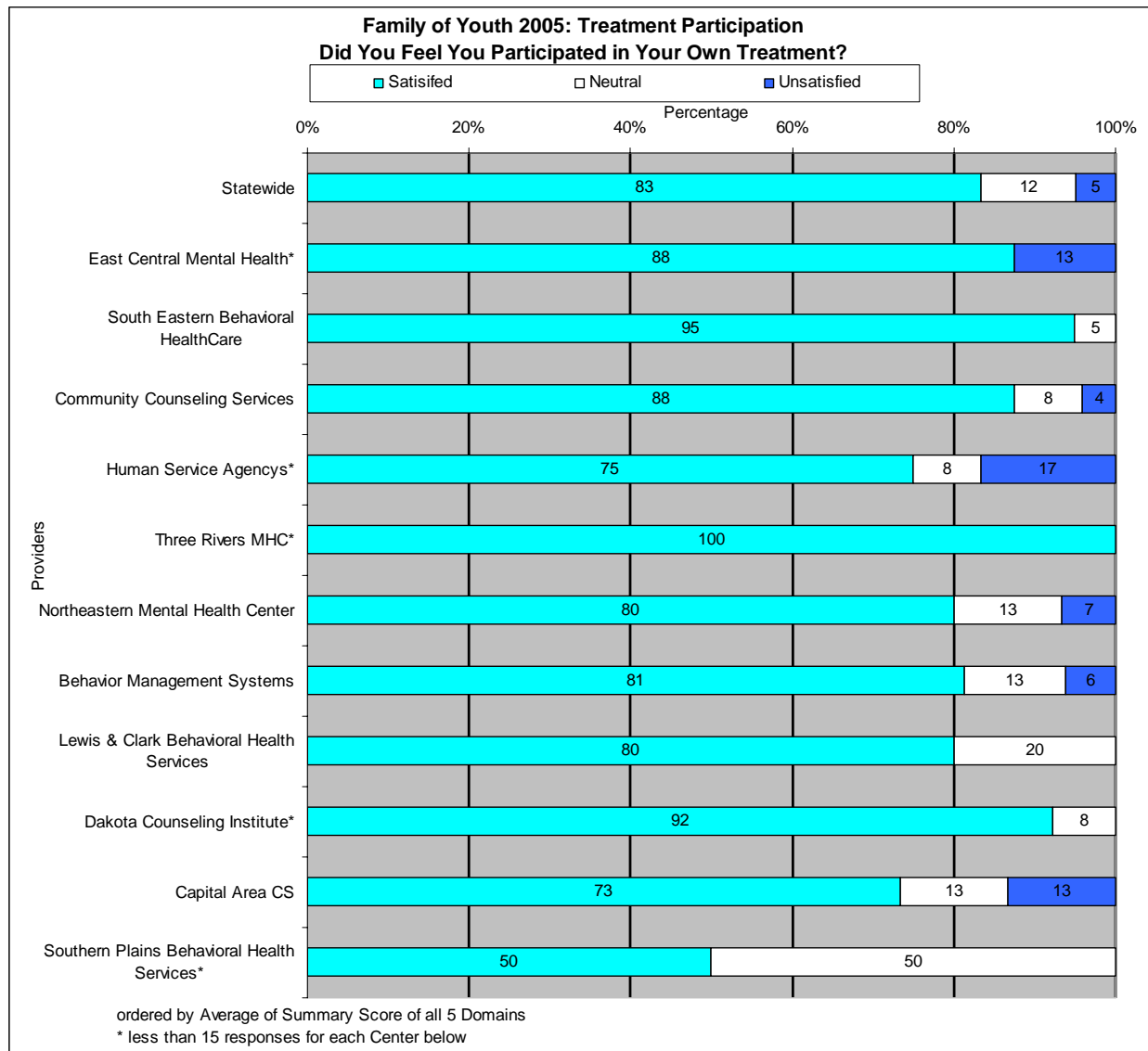
| | | | |
|------------------------------------|-----------|--------------------------------------|-------------------|
| East Central Mental Health* | 2.00 (8) | Behavior Management Systems | 2.41 (15) |
| Southeastern Behavioral HealthCare | 2.13 (19) | Lewis and Clark Behav. Health Serv. | 2.39 (23) |
| Community Counseling Services | 2.31 (23) | Dakota Counseling Institute* | 2.54 (15) |
| Human Service Agency* | 2.29 (12) | Capital Area CS | 2.63 (15) |
| Three Rivers Mental Health* | 2.37 (8) | Southern Plains Behav. Health Serv.* | 2.56 (6) |
| Northeastern Mental Health Center | 2.19 (15) | Statewide Average | 2.34 (157) |



For the MHSIP domain of Treatment Participation, statewide 56% of consumers reported they were satisfied with services. The Center satisfaction rates ranged from 46% to 70%. Statewide, 12% of consumers were unsatisfied, while seven Centers had 10% or more of their respondents unsatisfied (see chart above). Using the entire five years of data the differences among Centers above were not statistically significant ($p > .60$).

The table below shows for each Center the means and number of respondents for the domain of Treatment Participation for the five years of the Youth survey.

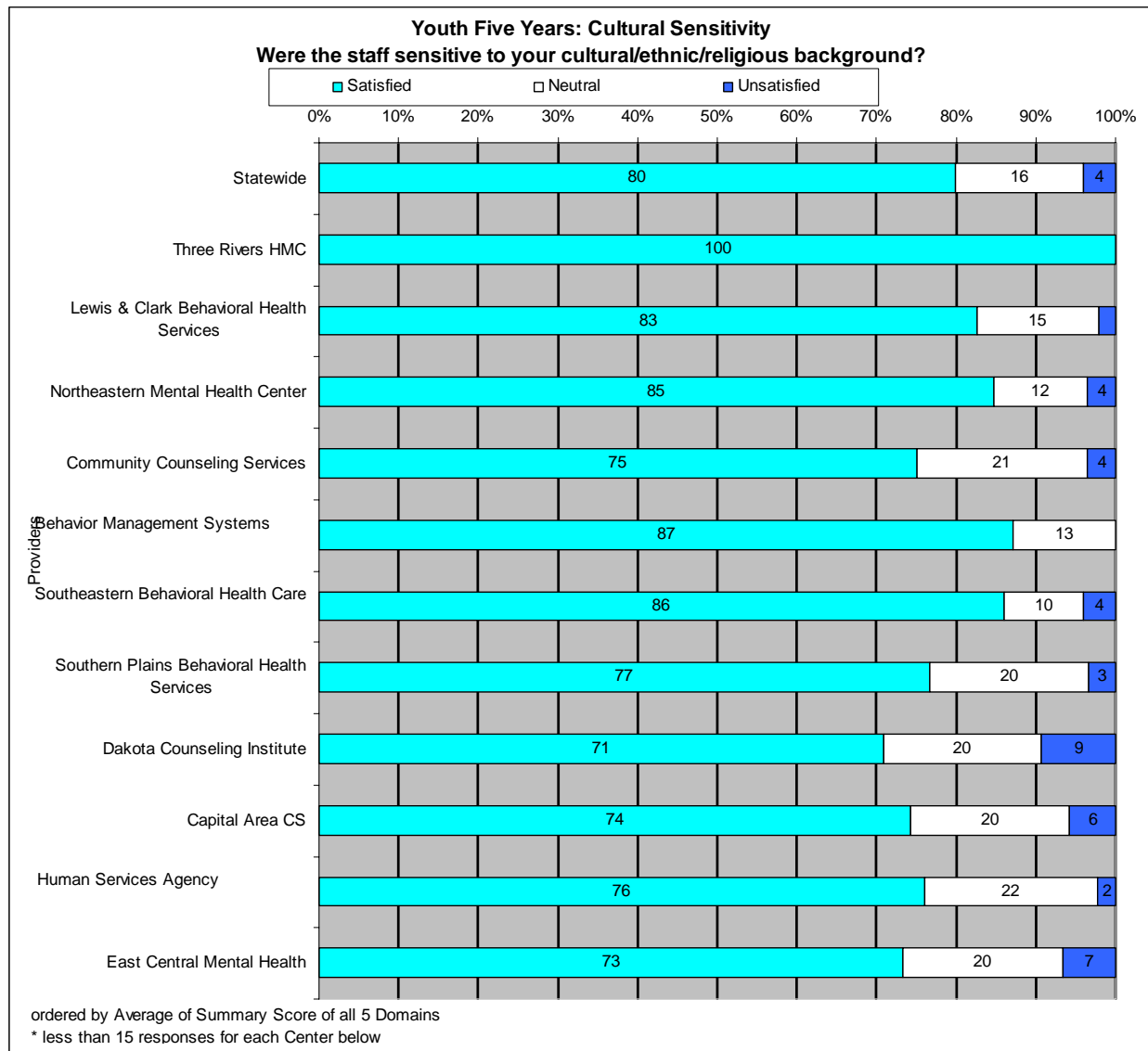
| | | | |
|-------------------------------------|------------|-------------------------------------|-------------------|
| Three Rivers Mental Health | 2.45 (16) | Southern Plains Behav. Health Serv. | 2.27 (30) |
| Lewis and Clark Behav. Health Serv, | 2.29 (101) | Dakota Mental Health | 2.59 (85) |
| Northeastern Mental Health Center | 2.28 (86) | Capital Area Counseling | 2.41 (35) |
| Community Counseling Services | 2.33 (33) | Human Service Agency | 2.64 (48) |
| Behavior Management Systems | 2.47 (77) | East Central Mental Health | 2.56 (16) |
| Southeastern Behavioral HealthCare | 2.53 (54) | Statewide Average | 2.45 (603) |



For the MHSIP domain of Treatment Participation, statewide 83% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 50% to 100%. Three of the Centers had more than 10% of their respondents unsatisfied (see chart above). **For the three years of this survey** differences among Centers above on their average score on this domain were not statistically significant ($p>.20$).

For Year 2005 the table below shows for each Center the means and number of respondents for the MHSIP domain of Treatment Participation.

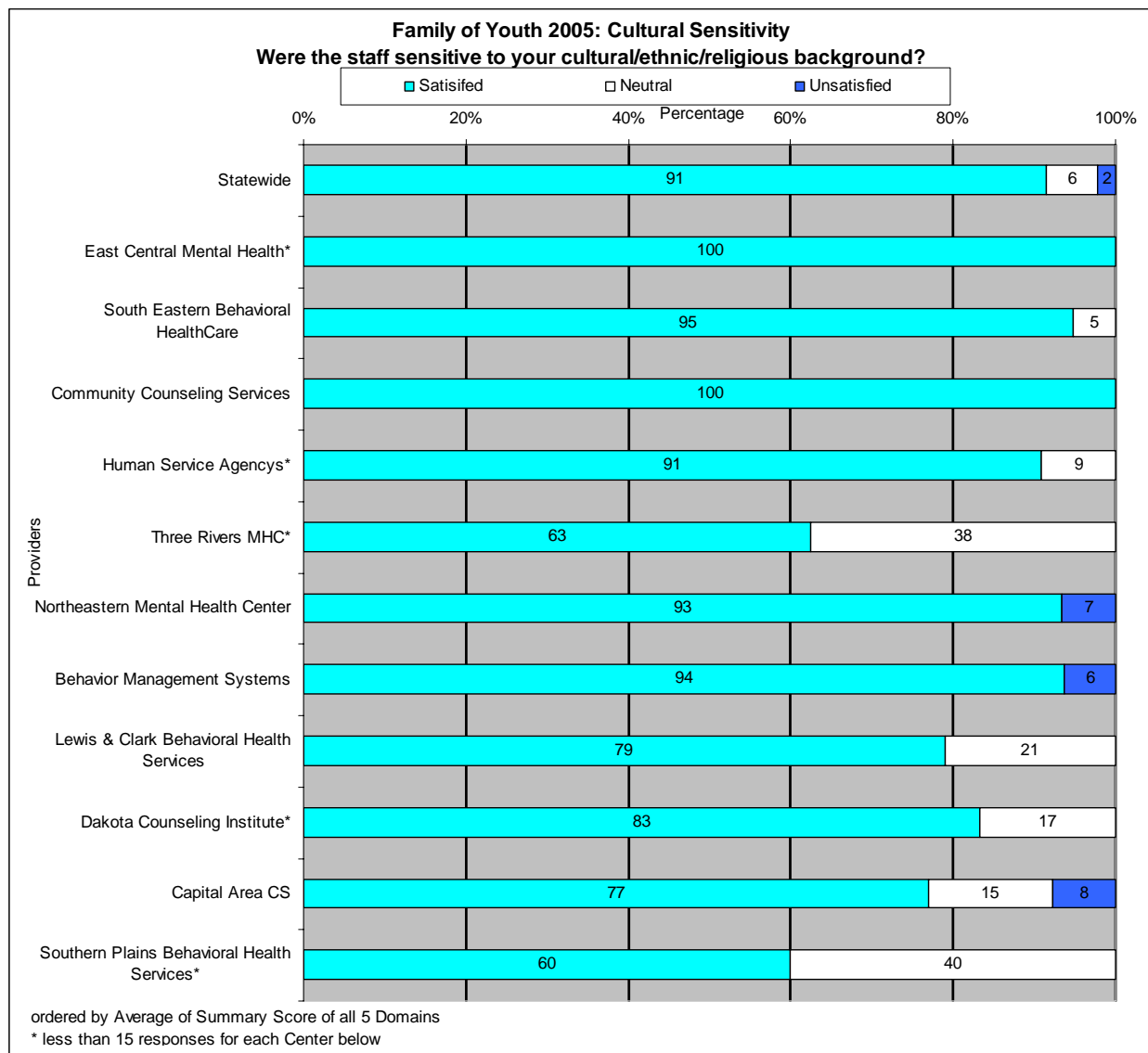
| | | | |
|------------------------------------|-----------|--------------------------------------|-------------------|
| East Central Mental Health* | 1.79 (8) | Behavior Management Systems | 2.10 (16) |
| Southeastern Behavioral HealthCare | 1.75 (20) | Lewis and Clark Behav. Health Serv. | 2.05 (25) |
| Community Counseling Services | 1.83 (24) | Dakota Counseling Institute* | 1.74 (13) |
| Human Service Agency* | 2.08 (12) | Capital Area CS | 2.25 (15) |
| Three Rivers Mental Health* | 1.83 (8) | Southern Plains Behav. Health Serv.* | 2.17 (6) |
| Northeastern Mental Health Center | 2.10 (15) | Statewide Average | 1.97 (162) |



For the MHSIP domain of Cultural Sensitivity, statewide 80% of consumers reported they were satisfied. The Center satisfaction rates ranged from 71% to 100%. No center had 10% or more of their respondents unsatisfied (see chart above). Using the entire five years of data the differences among Centers above were not statistically significant ($p > .55$).

The table below shows for each Center the means and number of respondents for the domain of Cultural Sensitivity for the five years of the Youth survey.

| | | | |
|-------------------------------------|-----------|-------------------------------------|-------------------|
| Three Rivers Mental Health | 1.77 (13) | Southern Plains Behav. Health Serv. | 1.98 (30) |
| Lewis and Clark Behav. Health Serv. | 1.88 (98) | Dakota Mental Health | 2.15 (86) |
| Northeastern Mental Health Center | 1.85 (85) | Capital Area Counseling | 2.03 (35) |
| Community Counseling Services | 1.96 (28) | Human Service Agency | 2.06 (46) |
| Behavior Management Systems | 1.82 (70) | East Central Mental Health | 2.22 (15) |
| Southeastern Behavioral HealthCare | 1.92 (50) | Statewide Average | 1.97 (577) |



For the MHSIP domain of Cultural Sensitivity, statewide 91% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 60% to 100%. None of the Centers had as many as 10% of their respondents unsatisfied, an excellent outcome.

For the three years of this survey differences among Centers above on their average score on this domain were statistically significant ($p=.001$). Respondents with children and youth receiving services from East Central were reliably more satisfied than those receiving services from Southern Plains and Capital Area Counseling.

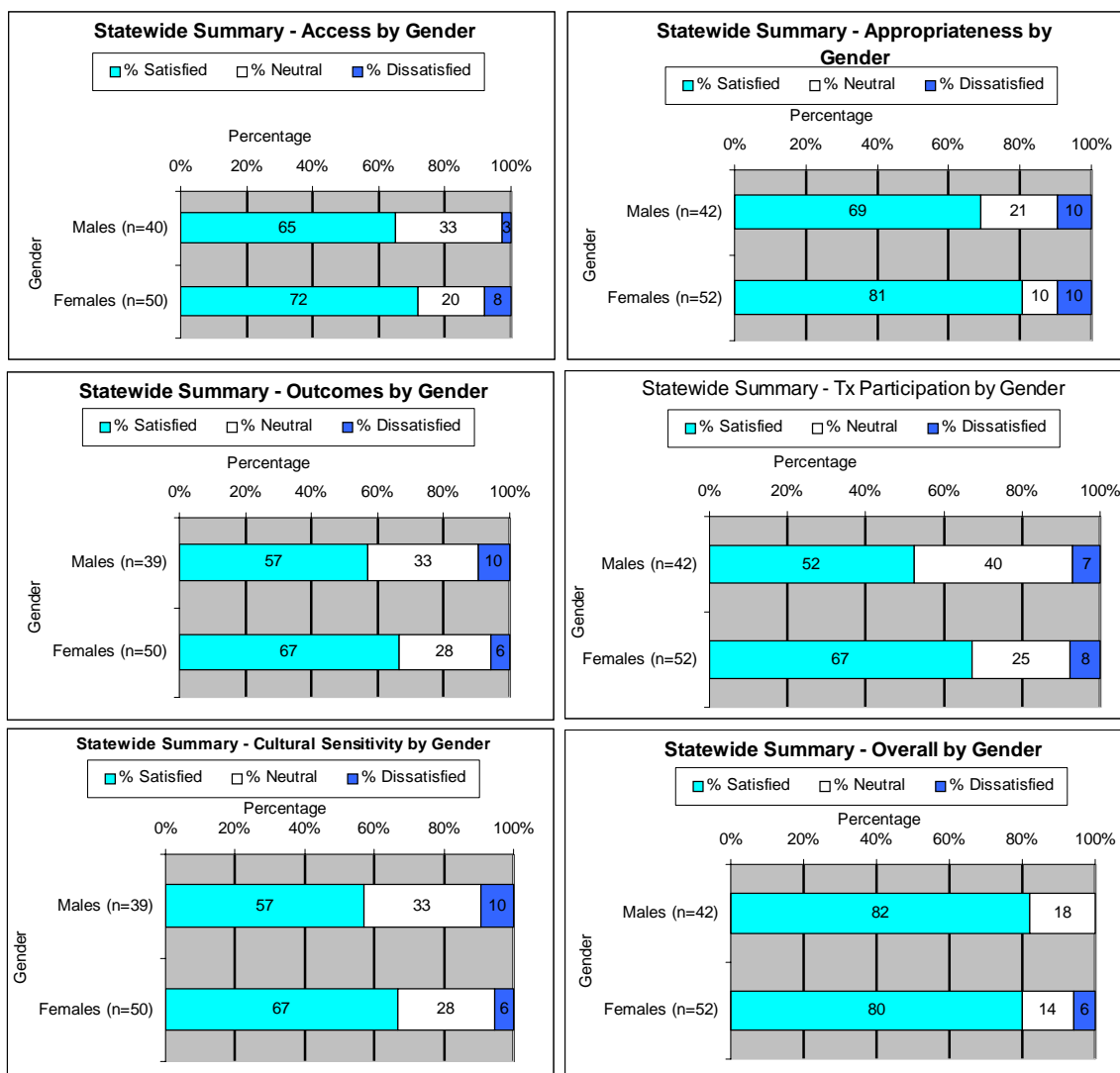
For Year 2005 the table below shows for each Center the means and number of respondents for the MHSIP domain of Cultural Sensitivity.

| | | | |
|------------------------------------|-----------|--------------------------------------|-------------------|
| East Central Mental Health* | 1.03 (8) | Behavior Management Systems | 1.78 (16) |
| Southeastern Behavioral HealthCare | 1.54 (19) | Lewis and Clark Behav. Health Serv. | 1.92 (19) |
| Community Counseling Services | 1.56 (20) | Dakota Counseling Institute | 1.85 (12) |
| Human Service Agency* | 1.42 (11) | Capital Area CS | 2.06 (13) |
| Three Rivers Mental Health* | 1.91 (8) | Southern Plains Behav. Health Serv.* | 2.03 (5) |
| Northeastern Mental Health Center | 1.80 (15) | Statewide Average | 1.72 (146) |

Demographics (Cultural Competence of Care)

In the following section findings will be presented that compare and contrast different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups to be contrasted include Gender (males vs. females), Race/Ethnicity (white non-Hispanics compared to all others), whether Still Receiving Services from the Center (those that are vs. those that are not), and Reason for Entering Treatment (Voluntary vs. Suggested by Others vs. Forced to Receive Services).

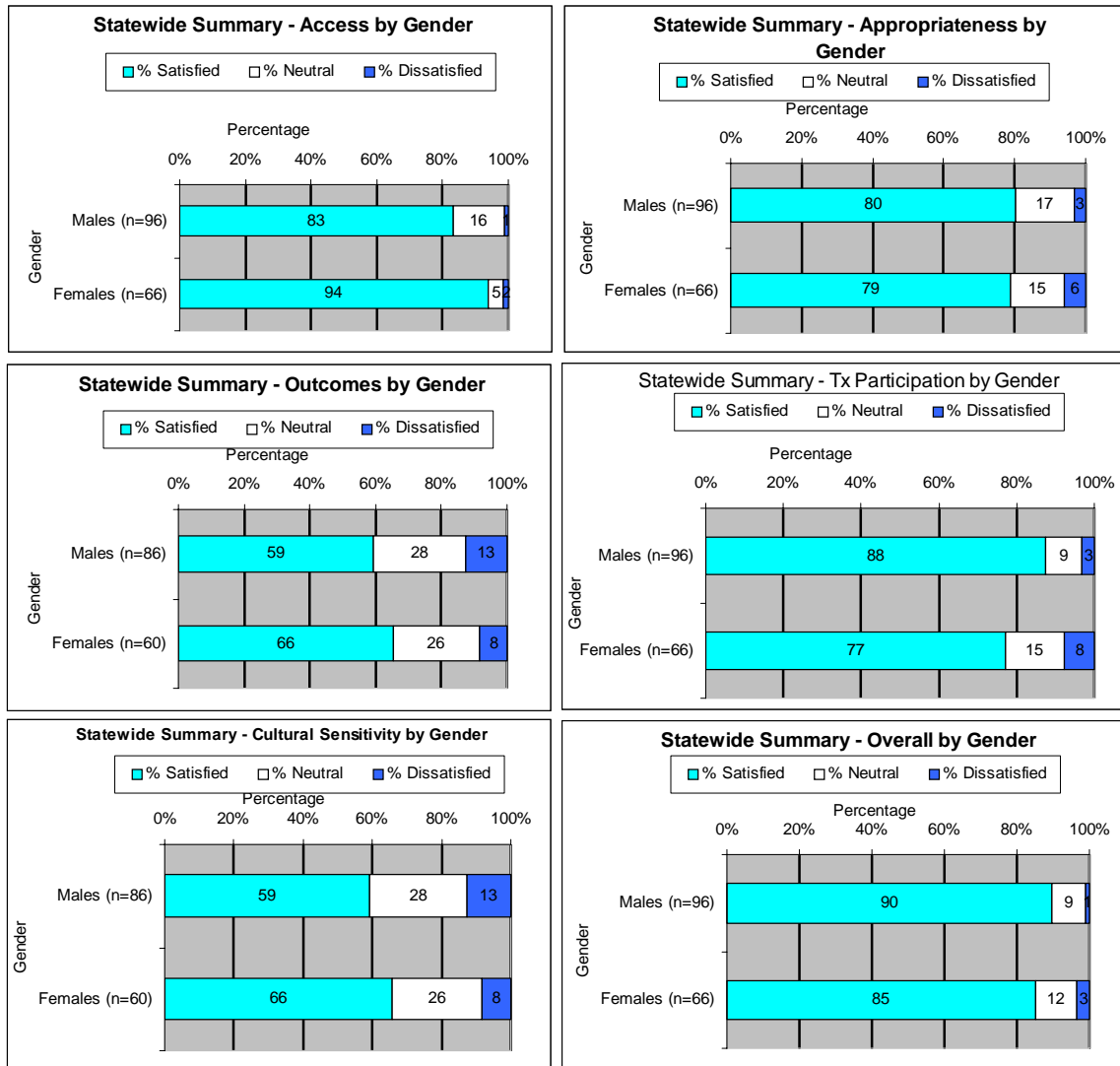
Youth: As already reported forty-two (44%) of the youth were male and fifty-four (56%) were female. One youth did not report gender. A visual inspection of these charts shows that females compared to males tended to be more satisfied for a number of the MHISP domains, a reversal from last year's pattern. The statistical analyses that follow will help determine whether this was a 'real' finding.



A set of analyses were carried out for Year 2005 youth consumers comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences as a function of gender ($p > 0.20$ in all cases). Similar results were found when conducting a somewhat less sensitive chi square analysis using gender with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .18$ in all cases).

Findings from combining data from all five years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .20$ or beyond). While last year there were reliable gender differences in the domain of treatment participation when using the entire sample this was not the case with the addition of this year's respondents. The chi square analysis comparing females to males on the number/percentage satisfied, neutral and unsatisfied found the same results ($p > .10$ or beyond in all cases).

Family of Children and Youth: As already reported ninety-seven children and youth (60%) in this sample were male and sixty-seven (40%) were female. This is a slightly lower percentage of females than in Year 2004. All respondents provided this information. A visual inspection of these charts shows no consistent pattern as a function of gender. The statistical analyses that follow will help determine whether any of the differences shown below were reliable.



A set of analyses were carried out for Year 2005 family of children/youth respondents comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. Without exception no evidence was found for differences as a function of gender ($p > 0.20$ or greater in all cases). Nor were there significant results when conducting a somewhat less sensitive chi square analysis using gender with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .15$ in all cases).

Findings from combining data from the three years of this survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall with one exception, the domain of Treatment Participation. Parents/Guardians of male compared to female youth were more satisfied with the extent they could participate in treatment decisions (means of 1.88 vs. 2.06 respectively, $p < .01$). This finding represents a small effect size. There were no significant findings from the chi square analysis, however ($p > .50$ or beyond in all cases).

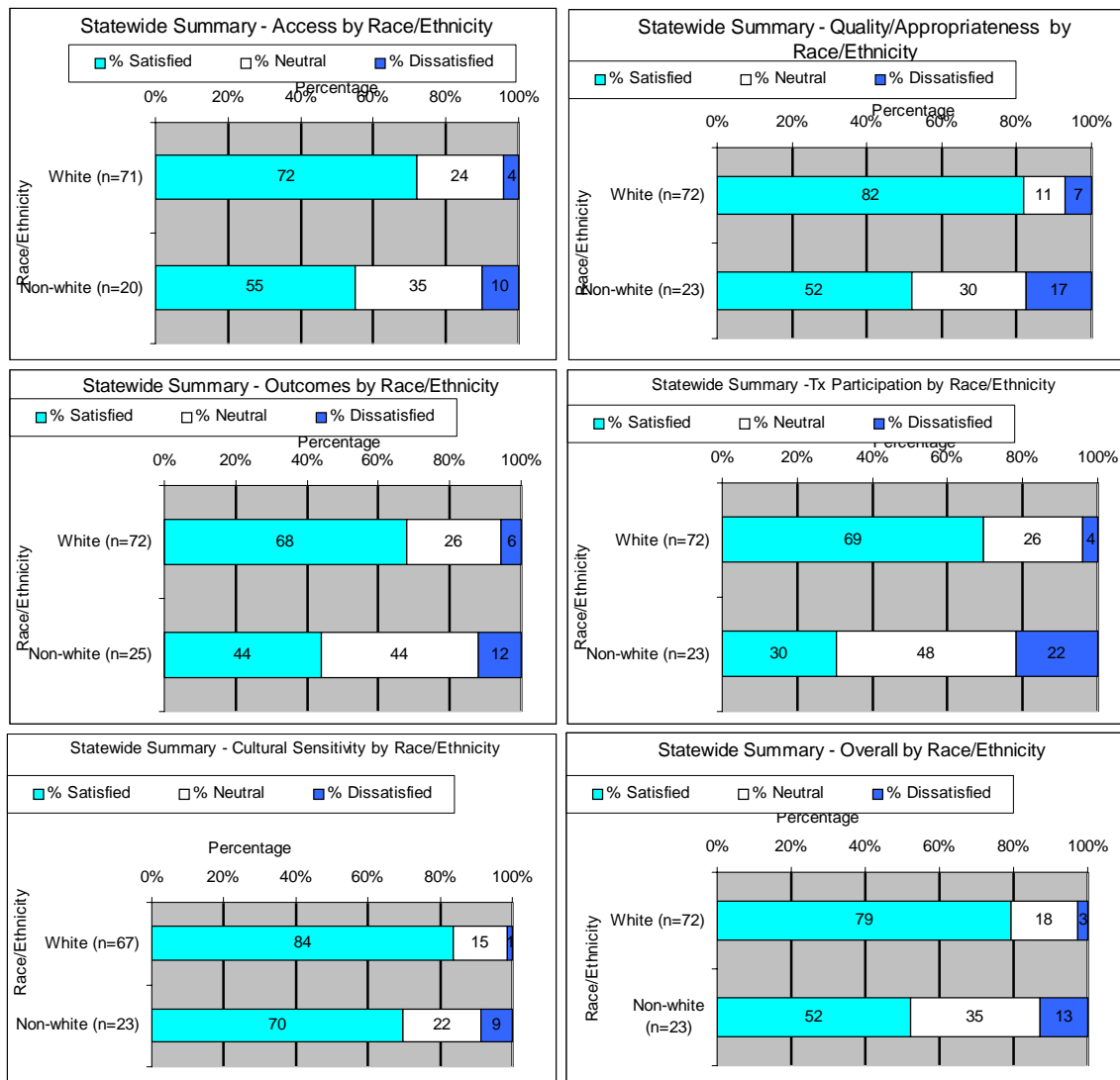
Thus only one statistically significant finding remains for differences between genders. Parents/guardians reported a small difference in their satisfaction with their ability to participate in treatment; those with males receiving services compared to females with somewhat more satisfied.

Evaluation of Services by Race/Ethnicity

Youth: For the purpose of this analysis youth were divided in two groups: those who were White-non-Hispanic as compared to those who were non-White. Seventy-two (74%) of the youth were white, non-Hispanic and twenty-five (26%) were non-white. There were a somewhat greater percentage of white-non-Hispanics this year than last. All respondents indicated their race/ethnicity. A visual inspection of these charts showed strong differences indicating white-non-Hispanics compared to non-whites were more likely to be satisfied on all MHISP domains. The statistical analyses that follow will help determine whether these were 'real' findings.

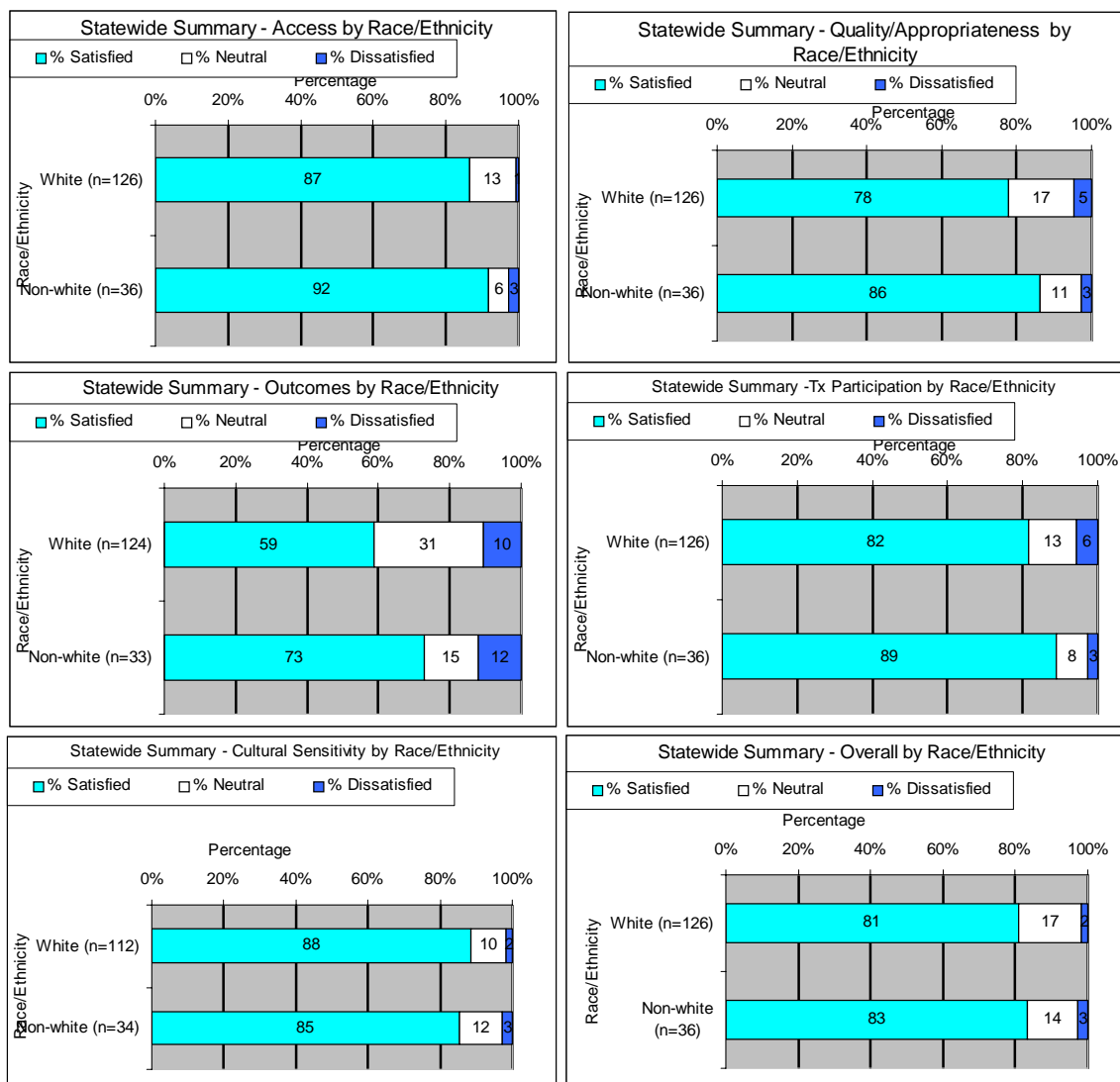
A set of analyses were carried out for Year 2005 youth consumers comparing whites and non-whites on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses except one there was no evidence of differences as a function of race/ethnicity ($p > 0.35$ in all cases). Non-whites compared to whites were more satisfied with the domain of Outcomes (means of 2.13 vs. 2.46, $p < .05$, effect size medium). No differences were found when conducting a somewhat less sensitive chi square analysis using race/ethnicity with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .05$ in all cases).

Findings from combining data from all five years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .10$ in all cases). Similarly, no differences were found from the chi square analysis ($p > .10$). Thus the most likely conclusion to draw to date is that there are no differences among the youth population associated with race/ethnicity.



Family of Children and Youth: For the purpose of this analysis children and youth were divided in those who were White non-Hispanic as compared to non-White. One hundred twenty-seven (78%) of these children and youth were white, non-Hispanic and thirty-six (22%) were non-white. This information was available in every case. This year's breakdown compared to last year showed an increase of about 6% in the percentage of Whites and a corresponding decrease in the percentage of non-Whites. A visual inspection of the charts below showed strong differences indicating parents/guardians of white compared to non-white children/youth were less likely to be satisfied on most domains, especially that of Outcomes. The statistical analyses that follow will help determine whether these were 'real' findings.

A set of analyses were carried out for Year 2005 family of children/youth respondents comparing whites to non-whites on their average MHSIP domain scale scores and on MHSIP Overall. There was no evidence of differences as a function of race/ethnicity ($p > 0.05$ in all these cases) with the exception of the domain of Outcomes. Parents/guardians with non-White compared to White children/youth were significantly more satisfied (means of 2.01 compared to 2.42, $p < .05$). There were no significant results in any of the domains when conducting a somewhat less sensitive chi square analysis using race/ethnicity with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .10$ in all cases).

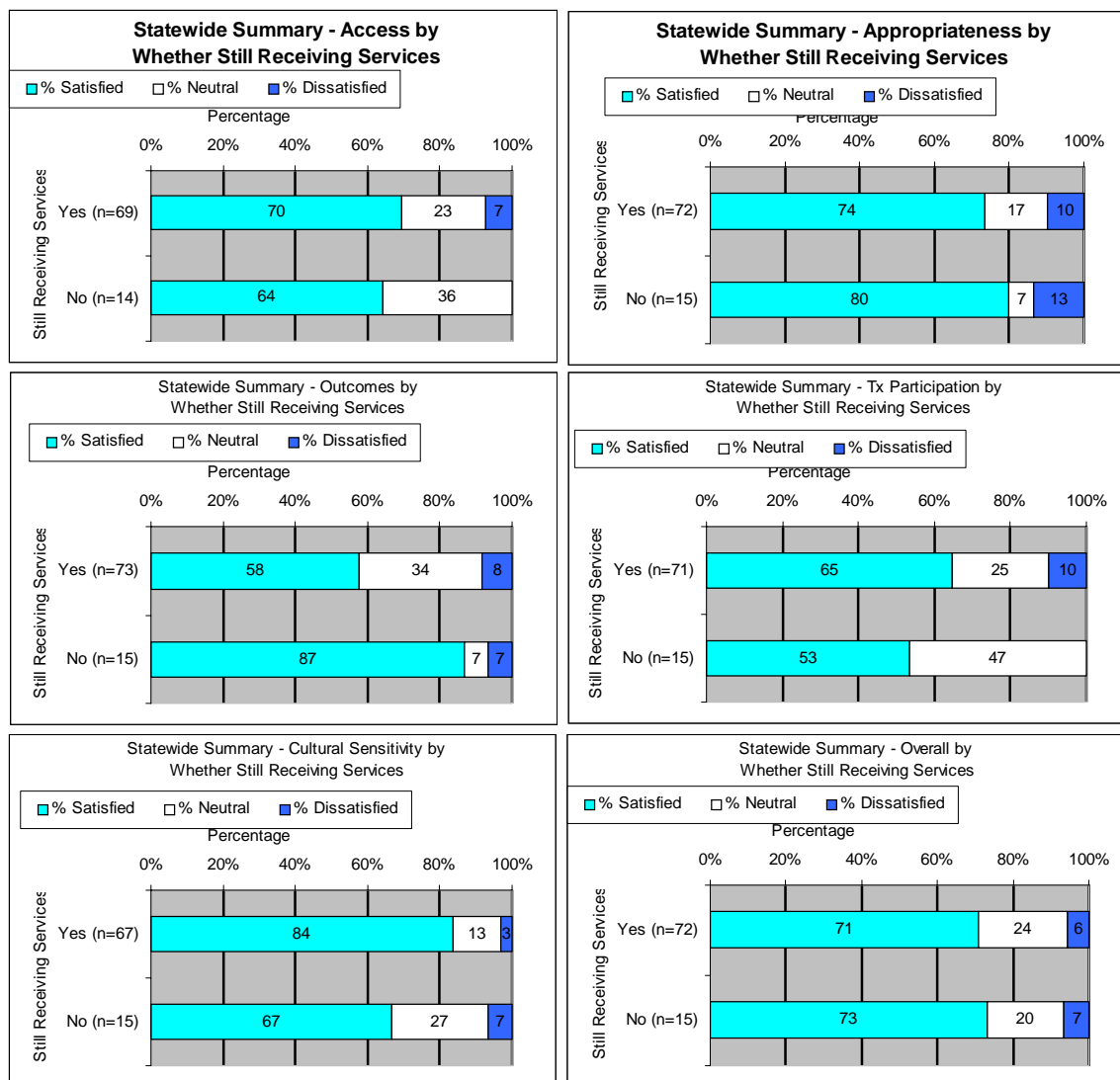


Findings from combining data from all three years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .05$ in all cases). The finding reported for the domain of Outcomes for this year's data was replicated when performing the analysis by chi square, however. Thus parents/guardians of children/youth who were white compared to non-white were significantly less likely to be satisfied (55% vs. 68%) and significantly more likely to be neutral (37% vs. 22%); $p < .05$. Thus there are suggestive but inconsistent findings about parents/guardians of non-whites vs. whites being more likely to be satisfied with the outcomes of their child or youth. It is worth noting that this finding was found last year with the overall chi square analysis as well.

Evaluation of Services by Whether Still Receiving Services from Center

Youth: Seventy-three youth (83%) reported that they were still receiving services from the Center while fifteen (17%) reported that they no longer receiving services. Nine youths did not answer the question, and were not included in this analysis. This is a decrease from 22% to 17% in the percentage of youth who report they no longer received services.

A visual inspection of these charts showed possible differences on a number of the MHISP domains but the pattern was inconsistent. The largest difference indicated that those no longer receiving services were more likely to be satisfied with their outcomes. The statistical analyses that follow will help determine whether this was a 'real' finding.



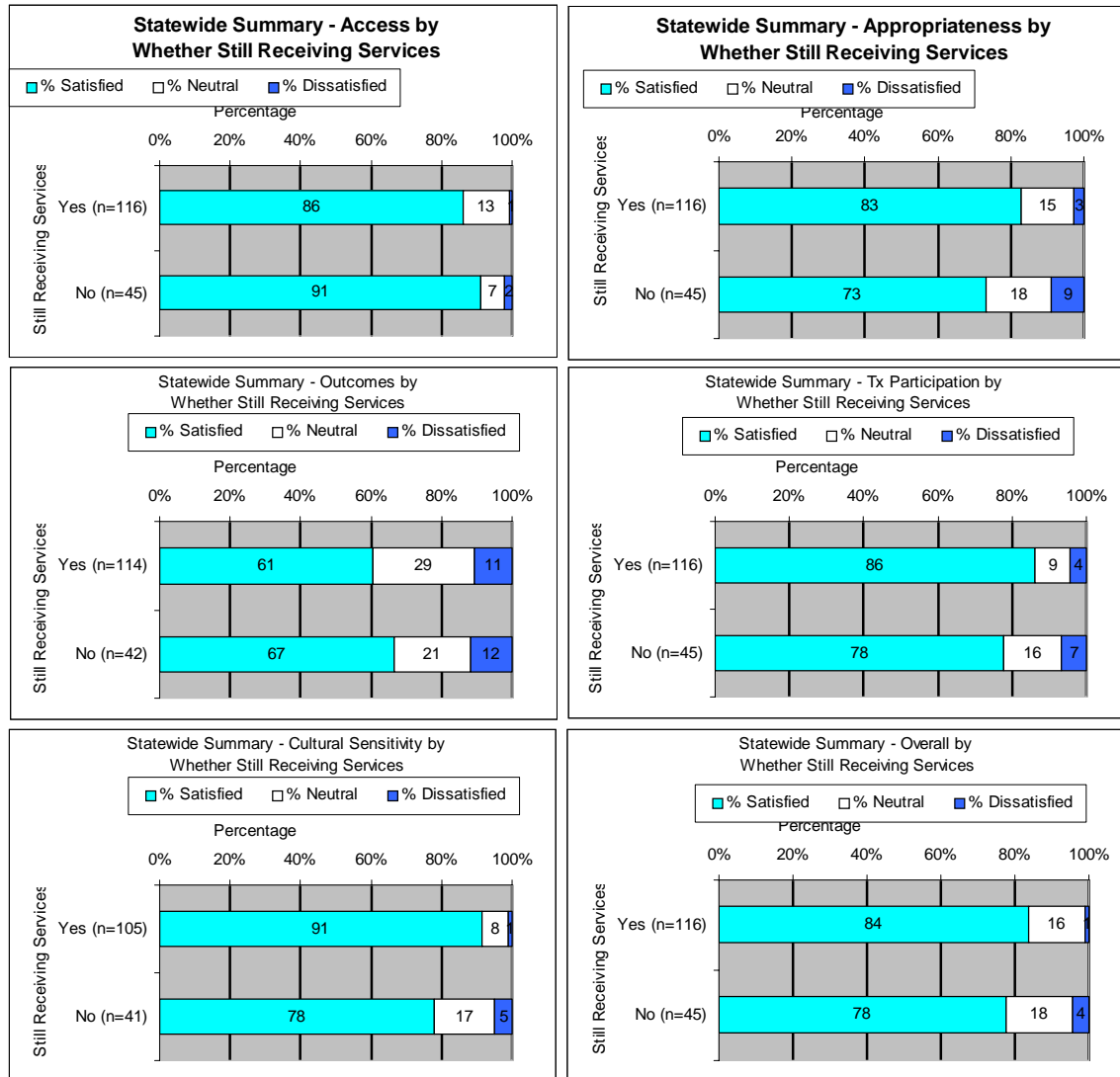
A set of analyses were carried out for Year 2005 youth consumers comparing those who reported that they were still receiving services to those who reported they were not. There were no statistically significant differences found ($p > .25$ or beyond in all cases). Similarly there were no statistically significant findings when using the less sensitive chi square analysis.

As was the case last year findings from combining data from all available years of the survey found statistically significant differences indicating those still receiving services were more satisfied on all domains except Outcomes and for the MHSIP Overall ($p < .05$ and beyond). Means for MHSIP Overall were 2.18 vs. 2.36 respectively. In all cases effect sizes ranged from small to small-medium. Similar results were found when conducting a somewhat less sensitive chi square analysis with the three categories (Satisfied, Neutral, and Unsatisfied), but only for the domains of Appropriateness and Cultural Sensitivity, as well as MHSIP Overall ($p < .05$ in all cases).

Thus for the entire sample those youth still receiving services compared to those who are not were significantly more satisfied with services in almost all MHSIP domains as well as for

MHSIP overall. The domain in which there was least difference between these two groups was that of Outcomes. Thus the visual finding in the table above that indicated that those no longer receiving services were more satisfied with their outcomes compared to those who reported that they were still receiving services was not supported by the analyses just conducted.

Family of Children and Youth: One hundred seventeen parents/guardians of children or youth (723%) were still receiving services from the Center with the remainder, forty-five (28%) reported that they no longer receiving services. Only one respondent did not answer the question and were not included in this analysis. A visual inspection of these charts shows likely differences on several MHISP domains favoring those who were still receiving services. The statistical analyses that follow will help determine whether any of these are a ‘real’ finding.



A set of analyses were carried out for Year 2005 parents/guardians of children/youth consumers comparing those who reported that they were still receiving services to those who reported they were not. With one exception differences between those still receiving services compared to those who were not statistically reliable ($p > .15$). The one exception was for the domain of Treatment Participation; those parents/guardians whose children/youth were still receiving services compared to those who were not were significantly more satisfied (means of 1.89 vs.

2.16, $p < .05$). This difference represents a small effect size. The less sensitive chi square analysis did not find any reliable differences among these two groups ($p > .05$ or beyond on all measures).

As was the case last year findings from combining data from all three years of the survey found statistically significant differences indicating parents/guardians of those children/youth still receiving services compared to those who were not were more satisfied on all domains ($p < .01$ or beyond) except for Access and Outcomes ($p > .15$) and for the MHSIP Overall ($p < .01$). Means for MHSIP Overall were 1.97 vs. 2.16 respectively, a slightly smaller difference than last year. Effect sizes ranged from small to small-medium in all cases. The same pattern of results was found when conducting a somewhat less sensitive chi square analysis.

Thus it appears reasonable to conclude that those parents/guardians whose children/youth who were still receiving services were statistically more satisfied compared to those who reported that they were no longer receiving services.

Evaluation of Services by How Became Involved

Mental health centers differ in their mix of clients. One factor that may make a difference is the consumer's reason for getting mental health services or the parent/guardians reason for arranging for services for their child or youth. Starting with Year 2003 parents or guardians of children and youth consumers were asked to indicate whether they had chosen to receive mental health services for their children/youth themselves, whether they had been encouraged by others, or whether their children/youth were forced to receive such services. Starting with Year 2004 this question was included in the Youth survey as well.

Youth: Only a small percentage of youths reported that they had chosen to get services ($n = 16$, 18.2%); this was an increase of about 9% from last year. The remaining youths who answered were split between the other two categories: thirty-three (37.5%) reported that they had been encouraged by others; thirty-nine (44.3%) reported they were forced to come. Nine (9.3% of the total sample) did not answer this question.

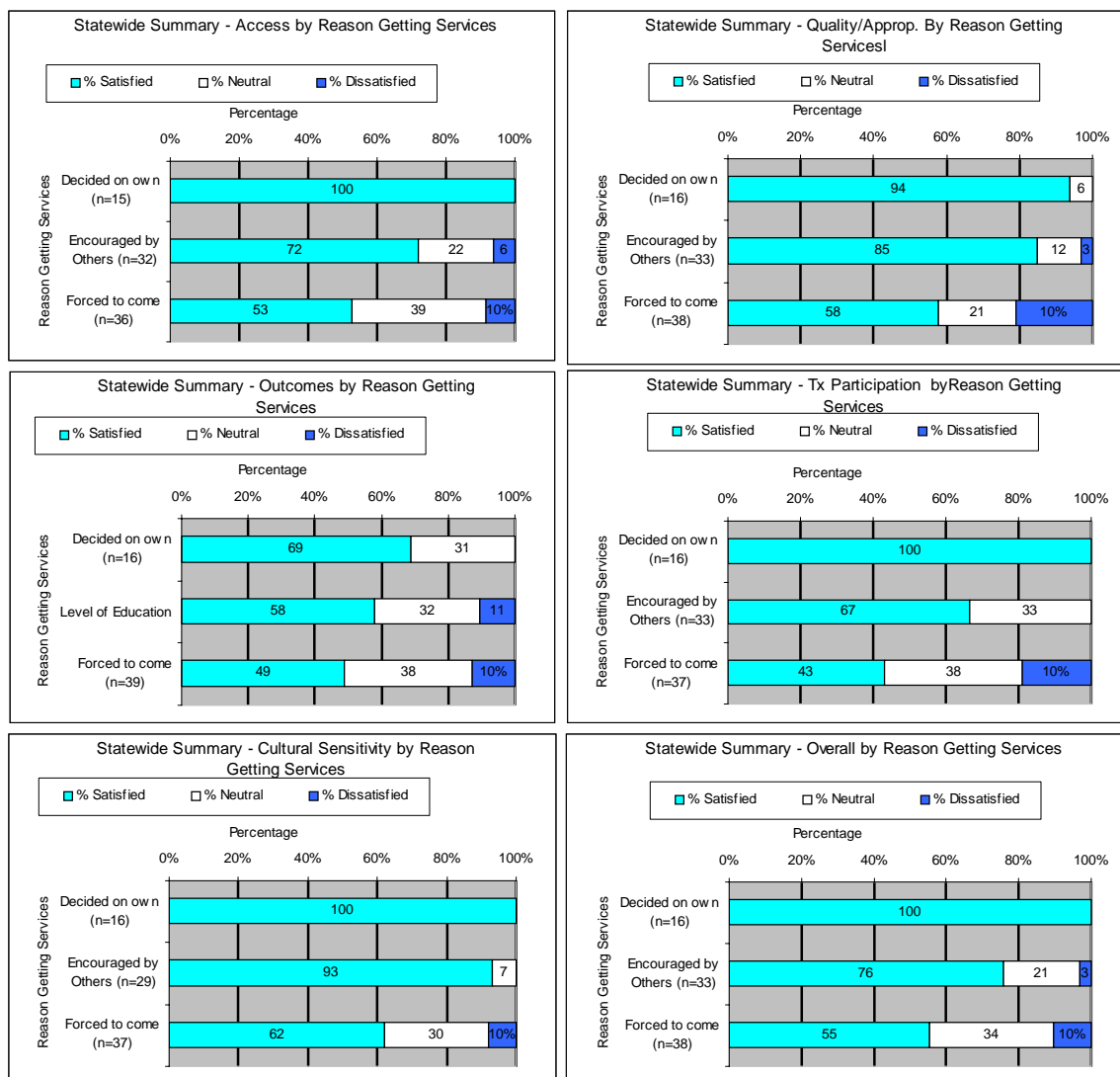
The distribution of Youth on this question was similar to the Parent/Guardian population (see below) and contrast with the adult populations surveyed. A much higher percentage of the adult population reported that they had chosen to receive services, and a much lower percentage indicated that they had been forced to receive services.

A visual inspection of these charts shows possible differences on all MHISP domains, such that those who chose to get services appear substantially more likely to be satisfied than those who were forced to come. The statistical analyses that follow will help determine which if any of these differences if any represent a 'real' finding.

Statistically significant differences were found for all domains and for MHSIP Overall ($p < .01$ and beyond). In all cases those who reported that they chose to come were reliably more satisfied, on average, than those who reported they were forced to come. For some measures (Appropriateness, Treatment Participation, and MHSIP Overall) the respondents who reported they were recommended to receive services were also reliably more satisfied than those who were forced to come. For MHISP Overall means for those who reported that they chose to receive services, those who were encouraged to do so, and those who reported that they were forced to come were 1.62, 1.96 and 2.51 respectively. Note that the pattern just described is the 'expected' pattern. It stands in contrast to the inconsistent patterns found in last year's Youth sample.

Exactly the same pattern of findings was obtained when conducting the somewhat less sensitive chi square analysis with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above.

The results from combining the two years of findings shows exactly the pattern reported above. There were statistically significant differences in the mean level of satisfaction for all domains as well as MHSIP Overall ($p < .05$ and beyond). For all measures except the domain of Access those youth who chose to or were recommended to come were significantly more satisfied than those who reported they were forced to come.

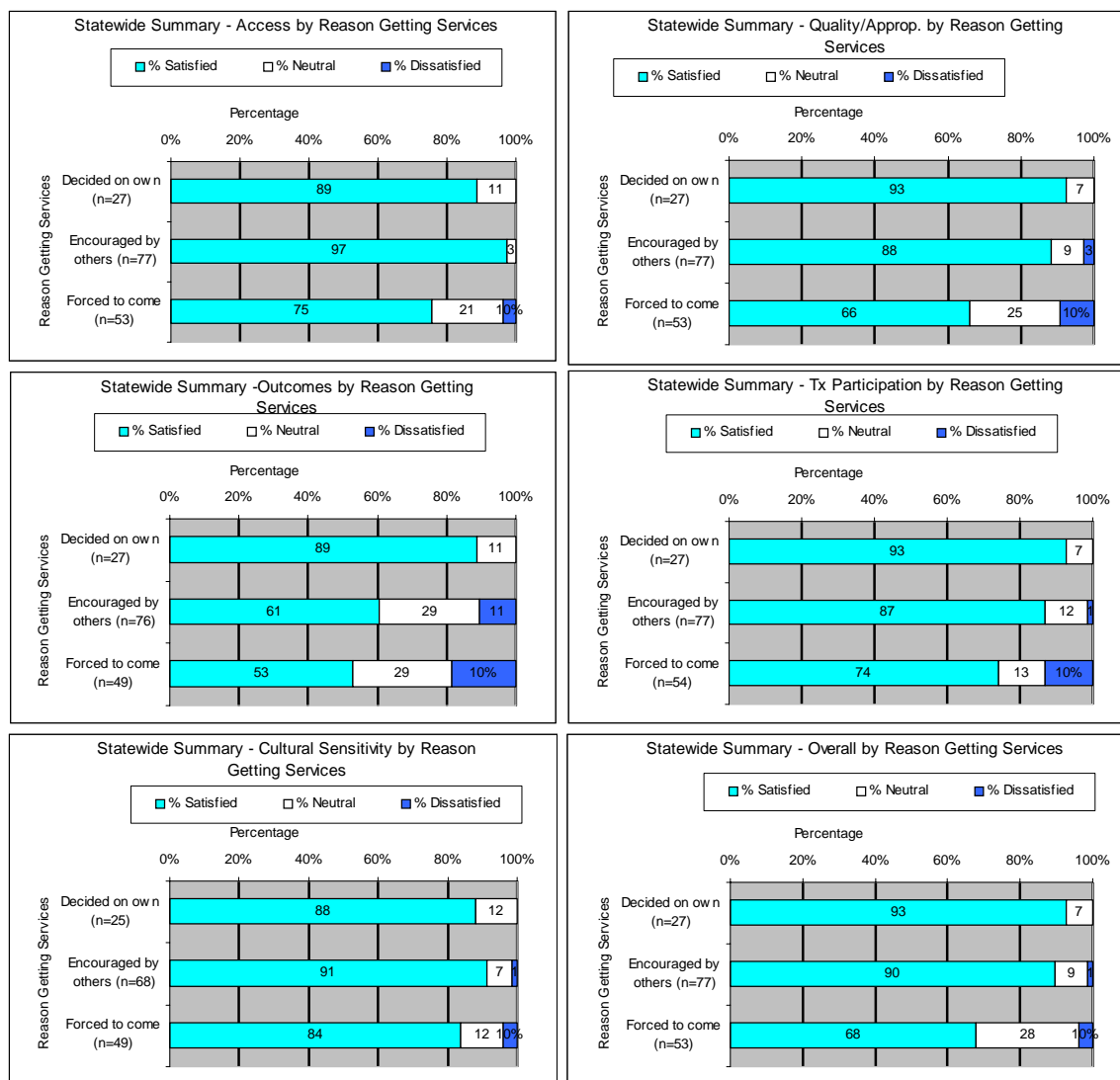


Family of Children and Youth: As was the case for the previous two years, for Year 2005 only a small percentage of respondents (twenty-seven, 17.1%) said that they chose to get services for their child/youth. Almost half, (seventy-seven, 48.7%) reported that were encouraged to get such services for their child/youth, while slightly more than one-third (fifty-four, 24.2%) reported that they were forced to receive services for their child/youth. Five parents/guardians (3.1% of total) chose not to answer this question; those who did not answer were not included in the charts below.

A visual analysis of the charts below indicated that those who reported that they chose services or were encouraged to start services for their child/youth were more satisfied than those who were

forced to receive services for their child/youth. The statistical analyses that follow will help determine whether this was a ‘real’ finding.

A set of analyses was carried out for Year 2005 parents/guardians of children/youth consumers comparing the three groups just described. There were statistically reliable differences for all MHSIP domains and for MHSIP Overall ($p < .05$ and beyond). Post hoc tests showed that in all cases those respondents who reported that they had decided on their own that their youth/child would get services were significantly more satisfied than those who reported that they were forced to receive services. Analogous results were found with the less sensitive chi square analysis ($p < .05$ and beyond in all cases).



Findings from combining data from the last two year’s survey with those of this year found results identical to those just reported ($p < .05$ or beyond in all cases). Post hoc analyses showed the same pattern reported above. As would be expected those who reported deciding that their child/youth needed services were substantially more likely to be satisfied than those who reported that they were ‘forced to come’.

Discussion and Implications

Historically, Centers have valued input from consumers and family by conducting surveys requesting an evaluation of services. They are to be commended for this, as well as for taking another step by utilizing the MHSIP consumer survey in a statewide random sample of adult and youth consumers and of families with children or youth receiving services. The introduction in FY 2003 of this last survey has been a worthwhile addition to past efforts.

The MHSIP consumer survey is continuing to be implemented nationally by State mental health authorities. It was also largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.

The Family of Children and Youth survey serves very well as a baseline assessment of the quality and outcome of services for the State from the perspective of this group of stakeholders.

Last year a question was added to determine who was filling out the questionnaire for the children and youth who were receiving services. As was the case last year almost three-quarters of the respondents were parents, followed by "others" (e.g., foster parents), staff persons, guardians, and relatives. Last year there was a tendency for parents to report a higher level of satisfaction, on average, than any of the other groups. This year the opposite was true. At this point it appears best to conclude that parent respondents compared to the other groups do not differ in their average level of satisfaction.

This is the fifth year that the youth survey has been conducted. It has consistently had the fewest returns, both because there are fewer adolescent than adult clients and because it has the lowest completion rate of the three surveys. The return completion rate was 14.4% this year, as compared to 20% last year. A major reason for the decrease was the change to a single mailing rather than conducting a second mailing for those youth who hadn't responded.

An analysis of changes in Youth responses over the five years of the survey indicated that no reliable differences have emerged on any of the MHSIP domains. As already reported there was, however, a positive trend in the pattern of scores over these five years for Appropriateness and Cultural Sensitivity. It should be noted that last year this trend was observed on all domains except for Outcomes. This is no longer the case.

A similar analysis was done for the sample of Family of Children and Youth respondents for the three years of data that was available. No differences between the FY 2003, FY 2004, and FY 2005 respondents were found on any of the MHSIP domains.

Parent/guardian respondents were compared to youth respondents on their average MHSIP responses. There were differences between these two group's average ratings on three of the five domains and on MHSIP overall, especially for the domains of Access and Treatment Participation. That is, Family/Guardians compared to the Youth themselves rated both Access to services and their ability to participate in their child/youth's treatment significantly more positively.

For both groups an analysis of results for different demographic groups showed few statistically significant differences when using this year's sample alone or when using all available respondents. No gender differences were found in either sample. Nor were there reliable differences when comparing satisfaction rates for White non-Hispanic vs. non-White clients. This latter finding is evidence for the cultural competence of Center staff as a whole.

It was not possible to compare Centers using FY 2005 data from the Youth survey. While the number of surveys mailed was somewhat higher this year than last, the return completion rate was 6% lower. Thus there were fewer Youth surveys completed in FY 2005 compared to FY 2004, a trend that has been continuing over the last few years. This meant that the majority of Centers had fewer than 15 respondents. For this reason the Youth survey presented data that compared the Centers over all five years of the Youth survey.

Few reliable differences were found when comparing Centers for Youth over the five years of the survey. An overall effect was found for Youth in the domain of Access; Youth respondents for Three Rivers Mental Health were reliably more satisfied than youth respondents from the four Centers with the lowest mean scores in this domain.

There were a greater number of differences found among the Centers for the Family/Guardian survey when using data from all three surveys. Significant differences among Centers were found for the MHSIP Overall Summary Scores, and for the domains of Access and Cultural Sensitivity. Family/guardians with children and youth receiving services from East Central Mental Health and/or Three Rivers Mental Health Center were reliably more satisfied than those receiving services from one or more other Centers (see the relevant section of this report).

An intriguing finding was that like adult consumers, youth did differ in their rating of services provided depending on whether they were still receiving services. While no differences were found in this year's sample, in the combined sample those who reported that they were still receiving services rated services more positively compared to those who reported that they were no longer receiving services. This held true for all the measures assessed except for the domain of Outcomes.

The survey of parents/guardians of children and youth for the last three years showed a very similar pattern. There were reliable differences for all domains except for Access and Outcomes. Thus it appears reasonable to conclude that there are meaningful effects for all three populations surveyed. These results indicated that those who reported that they were still receiving services were more satisfied compared to those who reported that they were no longer receiving services. It would be interesting to do a more detailed analysis to attempt to determine which domains and issues are most strongly related to differences among groups on the one hand, and which domains and issues appear not to be associated with differences between these two groups.

Parents/guardians were also asked how their children became involved with services for the third consecutive year. Youth were asked how they 'decided' to begin receiving services for the second consecutive year. In contrast to the adult consumer populations relatively few parents/guardians or youth reported that they chose these services. Rather about an equal number in each group reported that they had been encouraged to receive services on the one hand, or had been forced to receive services on the other. Youth respondents showed about the same percentage breakdown as parents/guardians.

Reliable differences were found for Youth in their level of satisfaction for all domains as well as MHSIP Overall ($p < .05$ and beyond). For all measures except the domain of Access those youth who chose to or were recommended to come were significantly more satisfied than those who reported they were forced to come. Parents/Guardians of children and youth showed the same pattern. In contrast to last year's findings the current results for parents/guardians are in line with those from our other two samples.

As has been said previously the State would derive several benefits from continuing this survey annually. Differences that existed among Providers of mental health services to youth were still not as discriminating as would be desired even when all samples were combined. Furthermore

conducting this survey annually allows the State to assess the existence of trends on the various MHSIP domains for both groups of respondents.

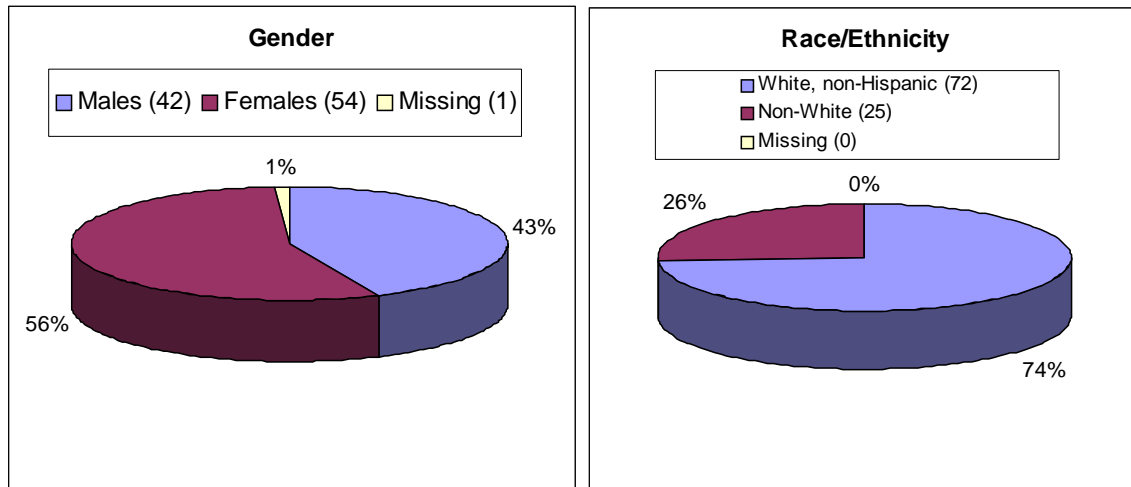
Thus one challenge now is for the State is to continue to increase the number of respondents who take this survey. This can best be done by a) continuing to replicate the survey each year, b) to the extent possible increase the number of youth respondents from each of the Centers, and c) continuing the survey for Families of Children and Youth.. Over several years this would allow the State to determine if true differences among the Centers exist in each of these populations. It would also allow the Department to monitor possible statewide trends in responses to the MHSIP survey.

It would also be desirable to go beyond consumer surveys and get a broader picture of the performance of the Centers by assessing other data kept by the State's MIS systems. Such additional analyses could include penetration rates of the Providers, analysis of the services provided, and recidivism rates of their consumers. Such additional analyses would allow an assessment of the relative strengths and weaknesses of each of the regions of the State.

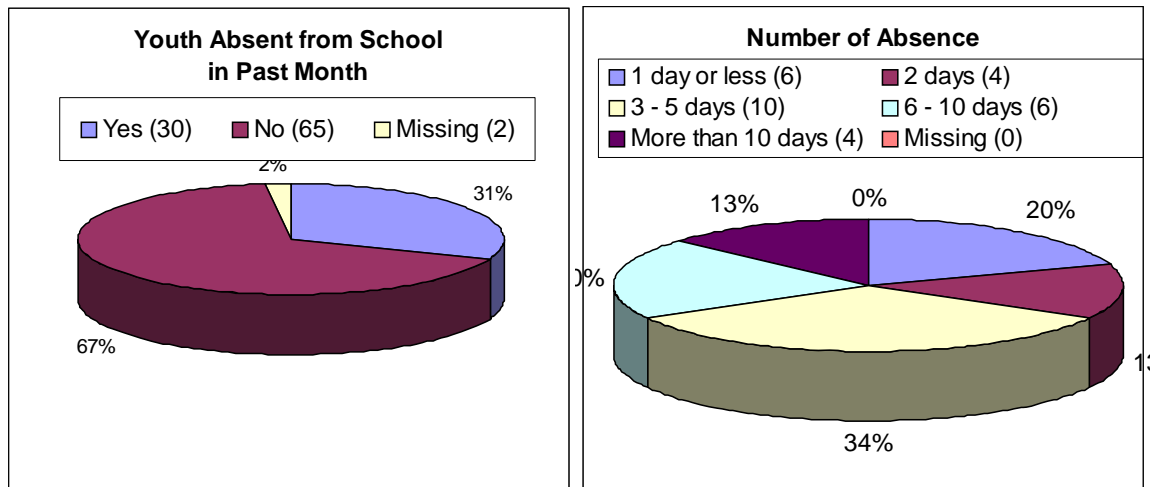
Appendix A.

Youth 2005 Survey: Results from Demographic Questions on Survey

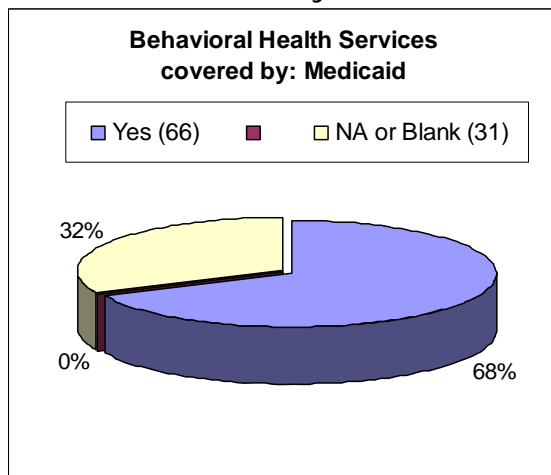
Gender and Race/Ethnicity



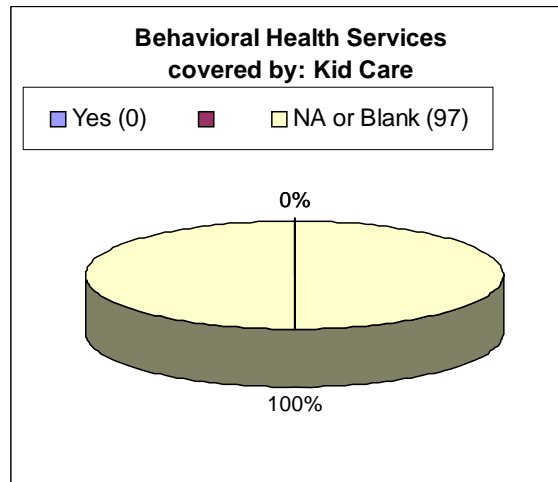
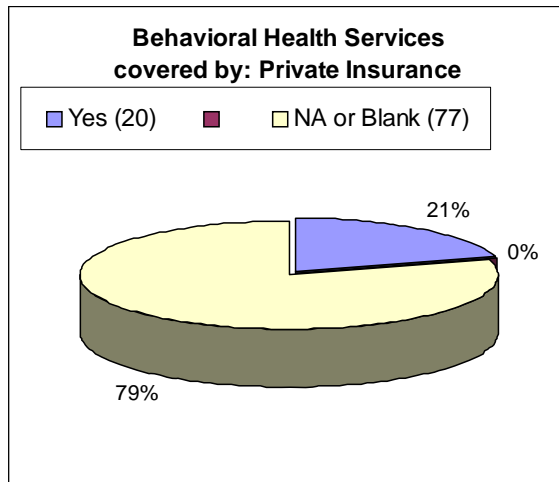
Whether Youth Absent from School Past Month, and Number of Absences



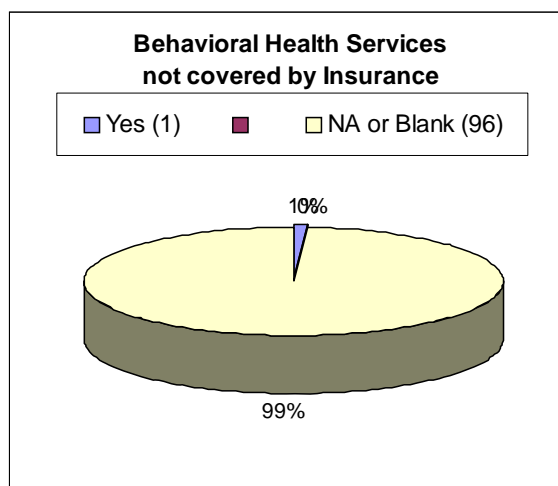
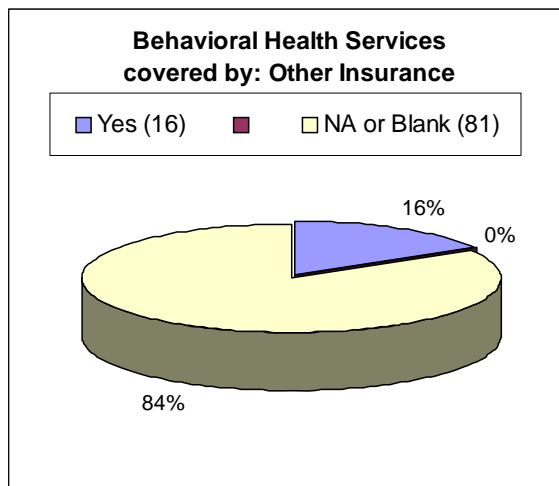
Whether Covered by Medicaid Insurance:



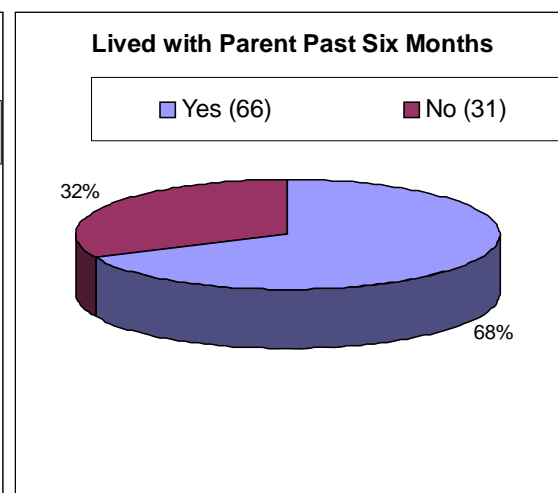
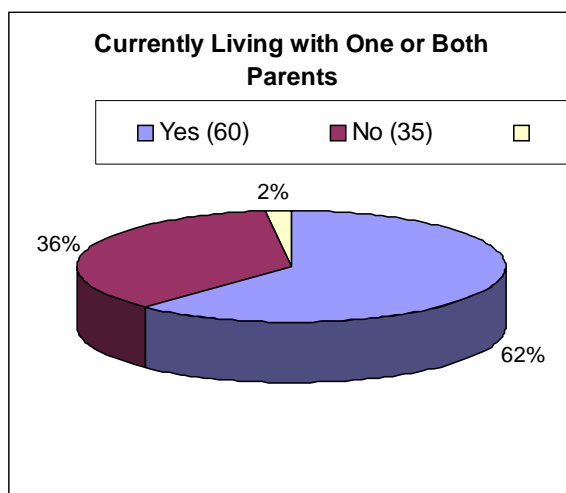
Whether have Private Insurance or Whether have Kid Care:



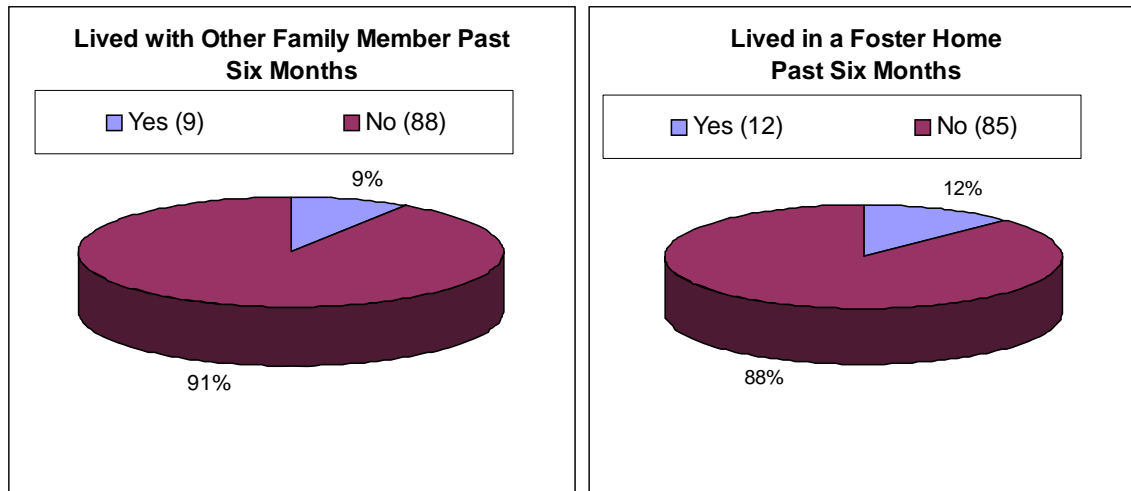
Whether have Other Insurance or Have No Insurance:



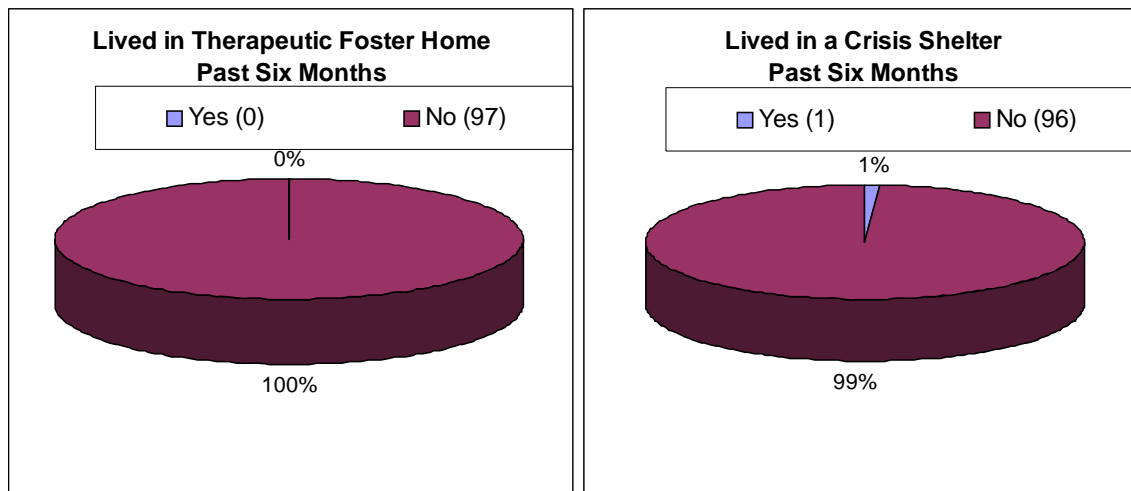
Whether Youth Currently Living with Parent(s) and Whether Youth Lived with Parents in Past Six Months



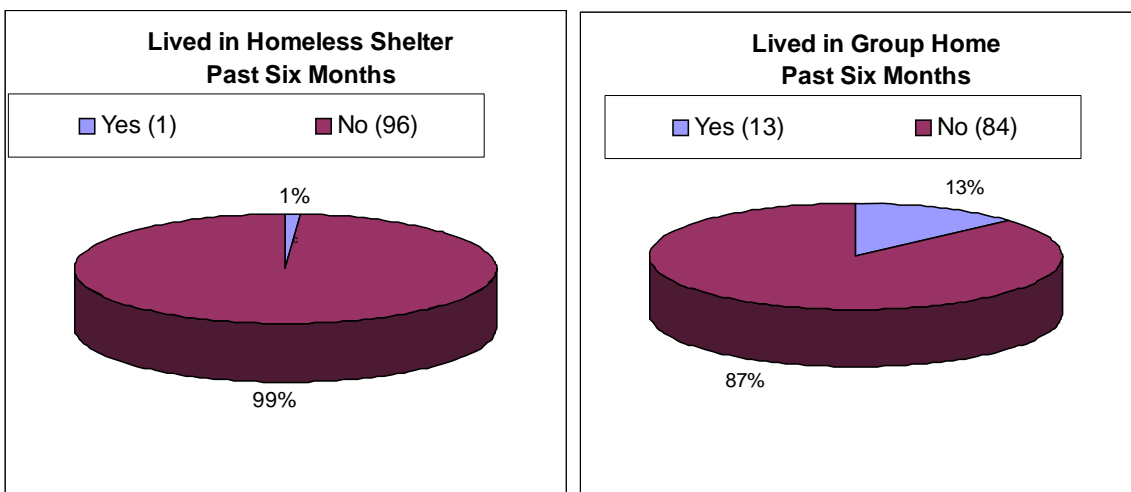
Whether Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



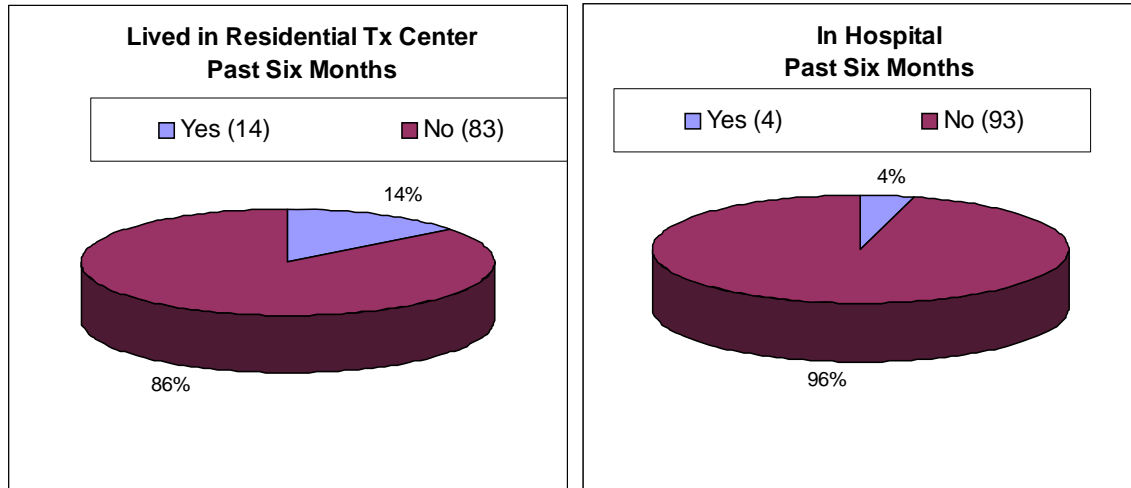
Whether Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



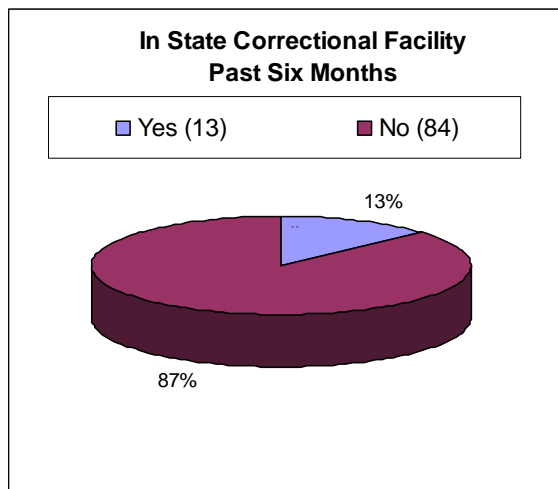
Whether Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



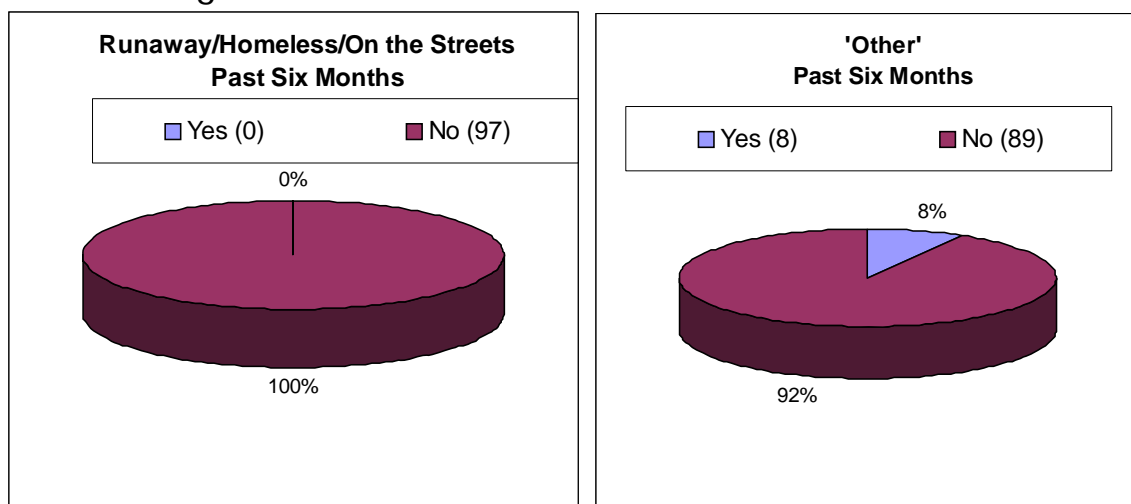
Whether Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



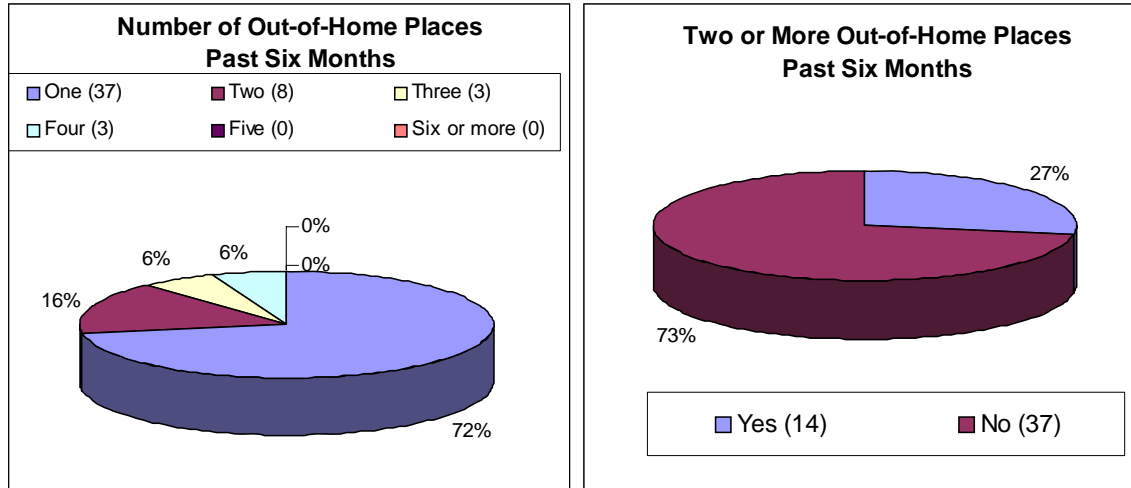
Whether Youth Lived in Local in State Correctional Facility Past Six Months



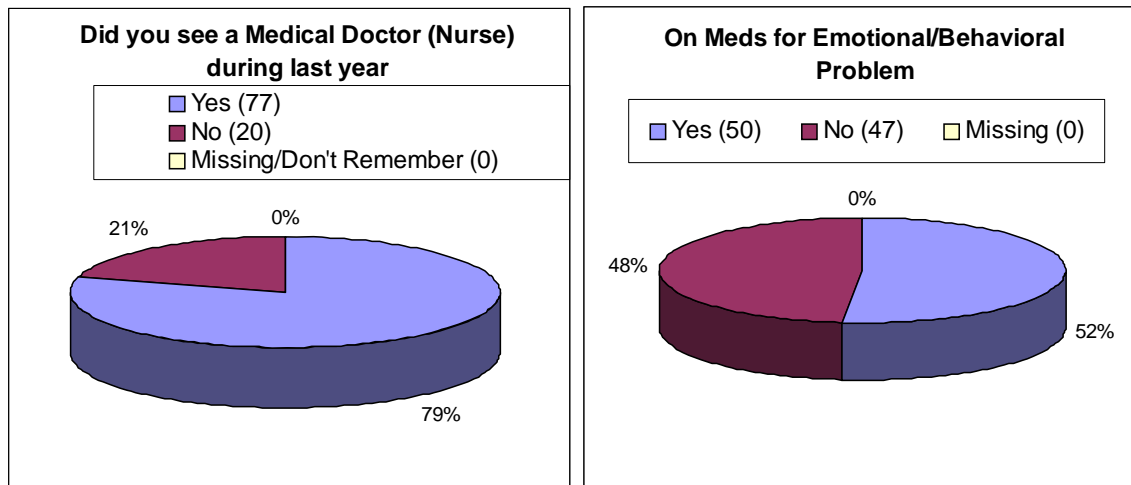
Whether Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



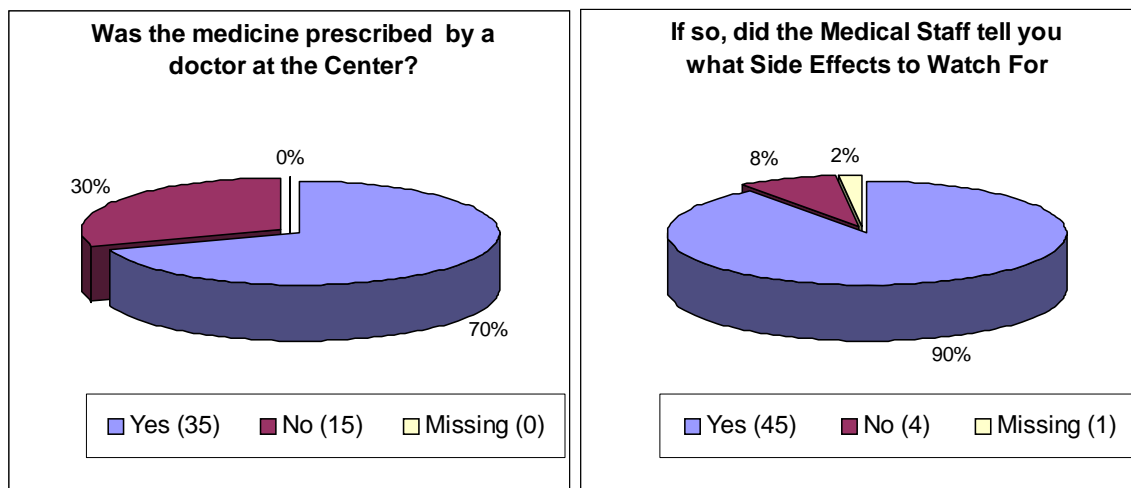
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Youth with Two or More Out-of-Home Placements



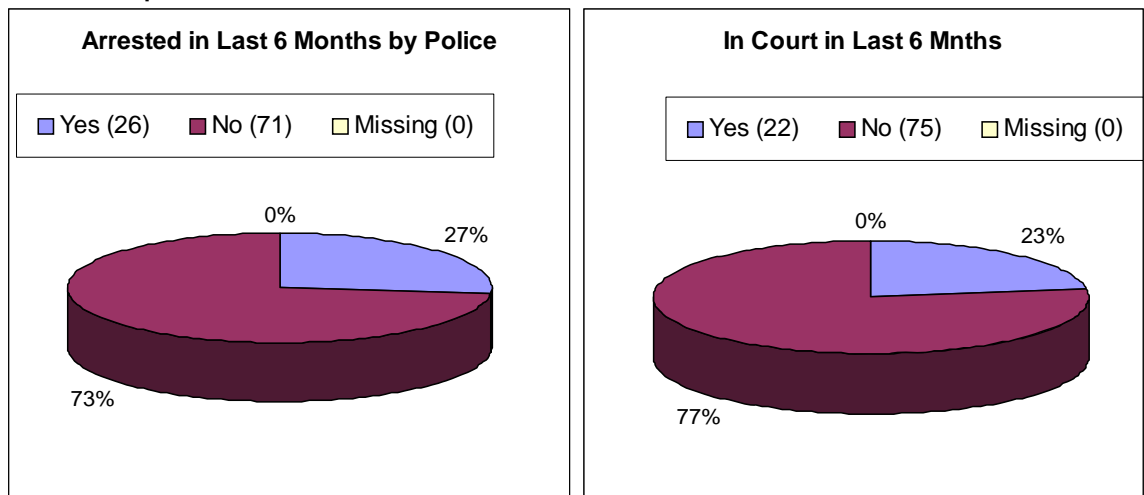
Whether Youth Saw Doctor/Nurse for Check Up/Sick, and was Youth on Meds for Behavioral or Emotional Problems,



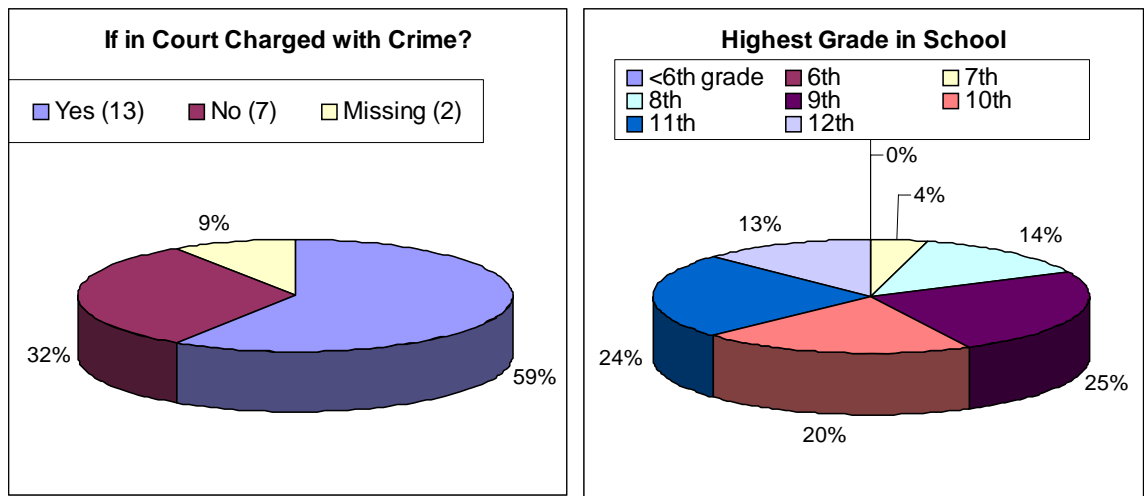
Was the Medicine Prescribed by a Doctor at the Center, and Did the Doctor or Nurse Warn about Possible Side Effects:



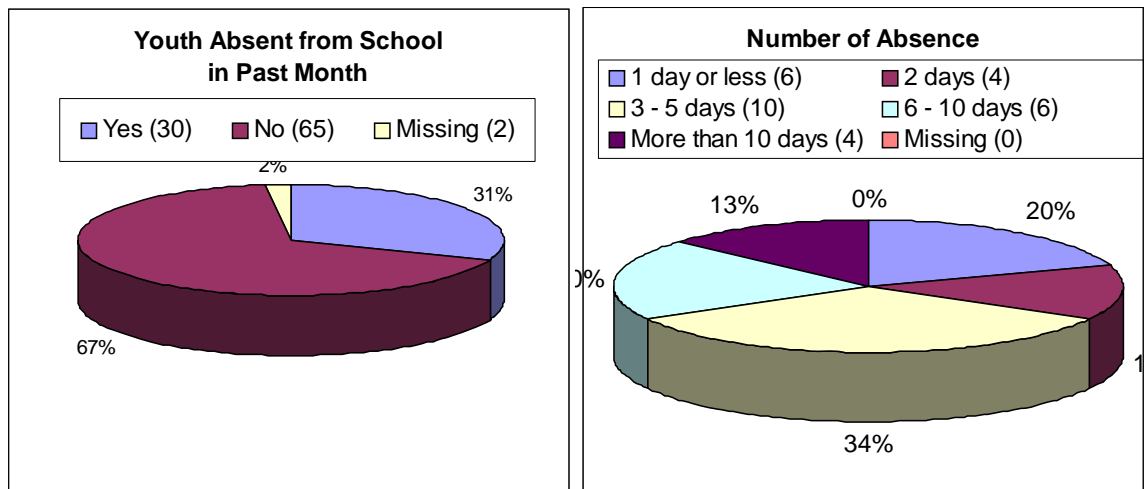
Whether the Youth Arrested in Last 6 Months, and Whether Appeared in Court in past Six Months:



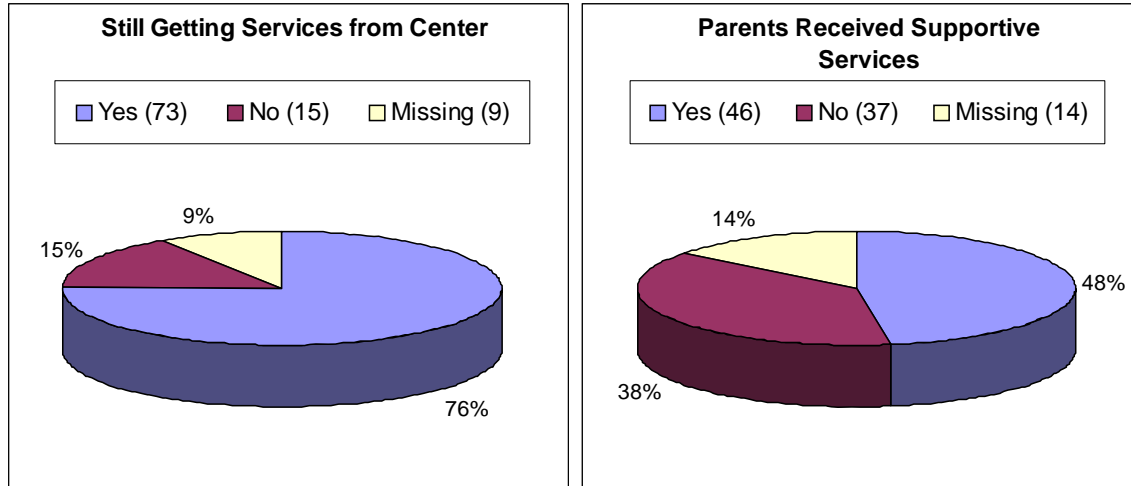
Whether if Been to Court Were You Charged With a Crime? Highest Grade in School



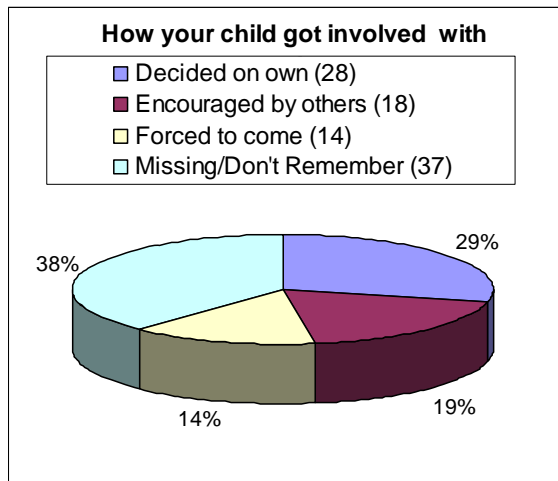
Whether Youth Absent from School in Past Month, and if so, Number of Absences



Whether Still Receiving Services from This Center, and Whether Parents Received Supportive Services

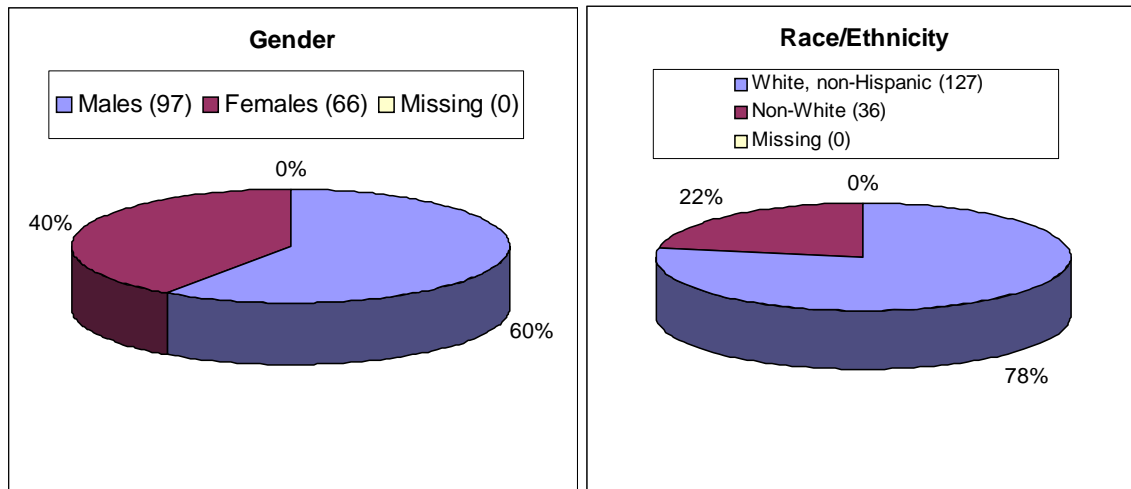


Reasons For Starting to Receive Services from This Center

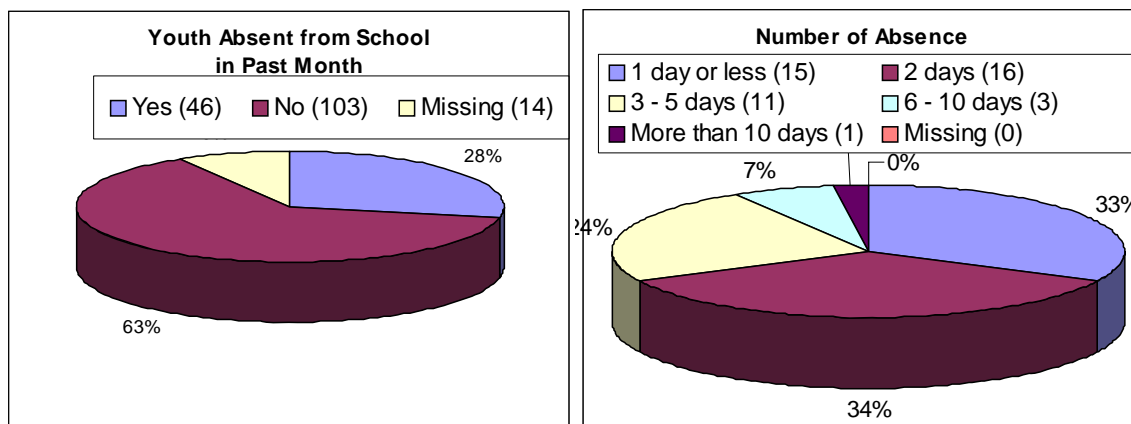


Appendix B.

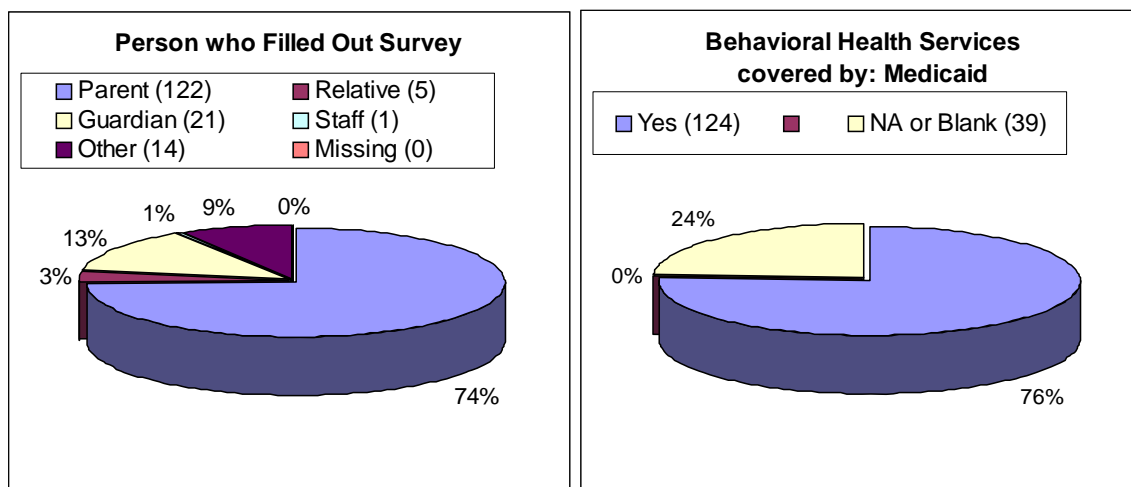
Family of Children and Youth 2005 Survey: Results from Demographic and Other Questions on Survey Gender and Race/Ethnicity



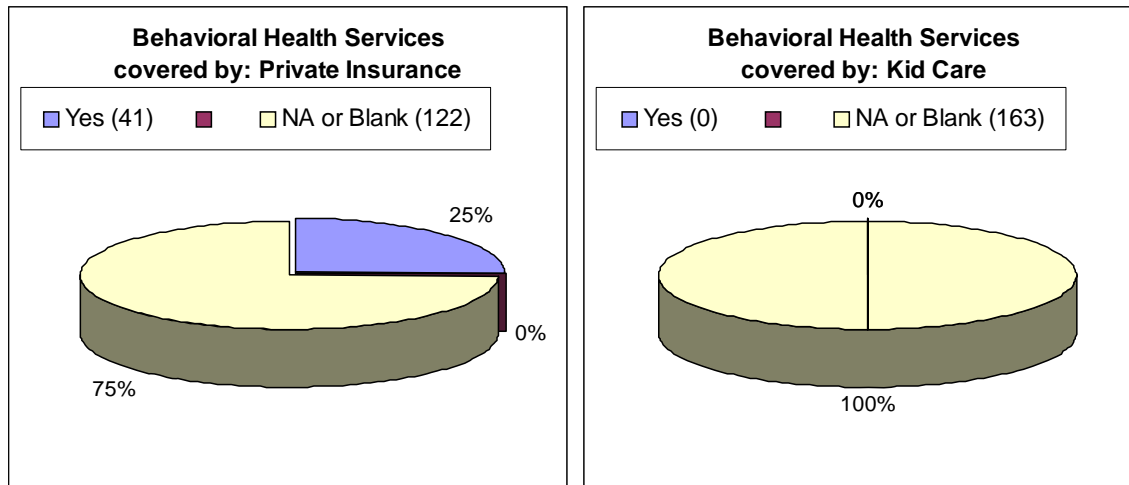
Whether Child/Youth Absent from School Past Month, and No. of Absences



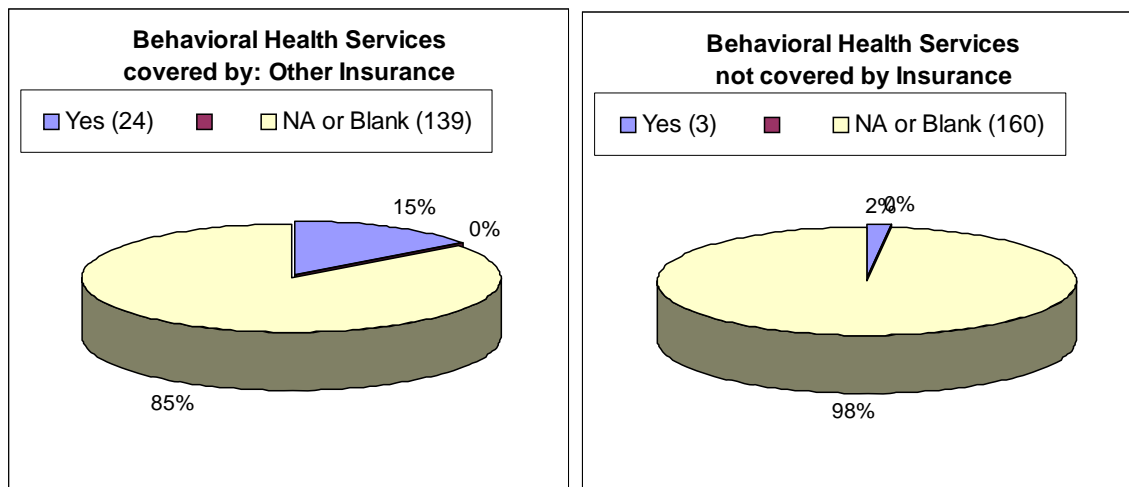
Who Filled Out Questionnaire, and Whether have Medicaid Insurance



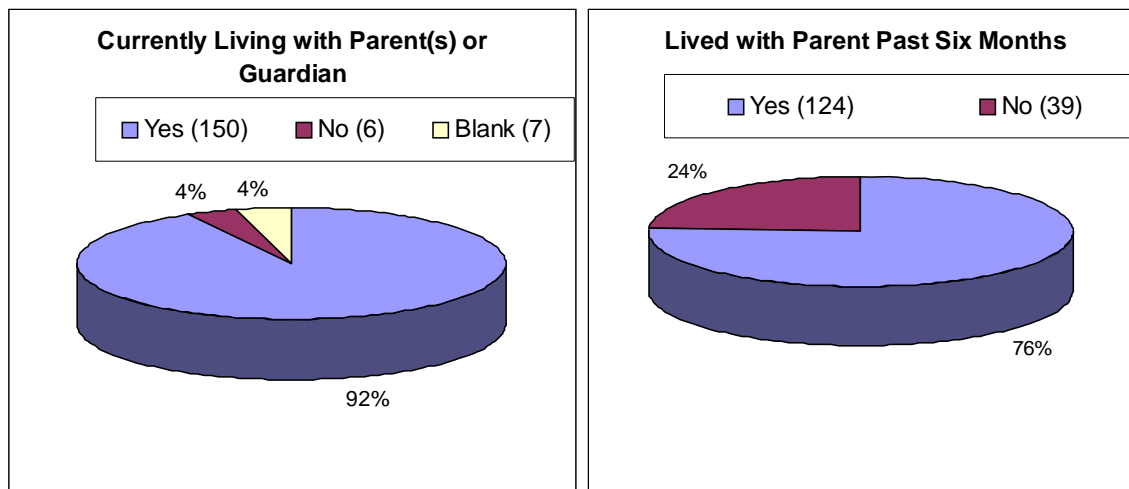
Whether have Private Insurance; Whether have Kid Care:



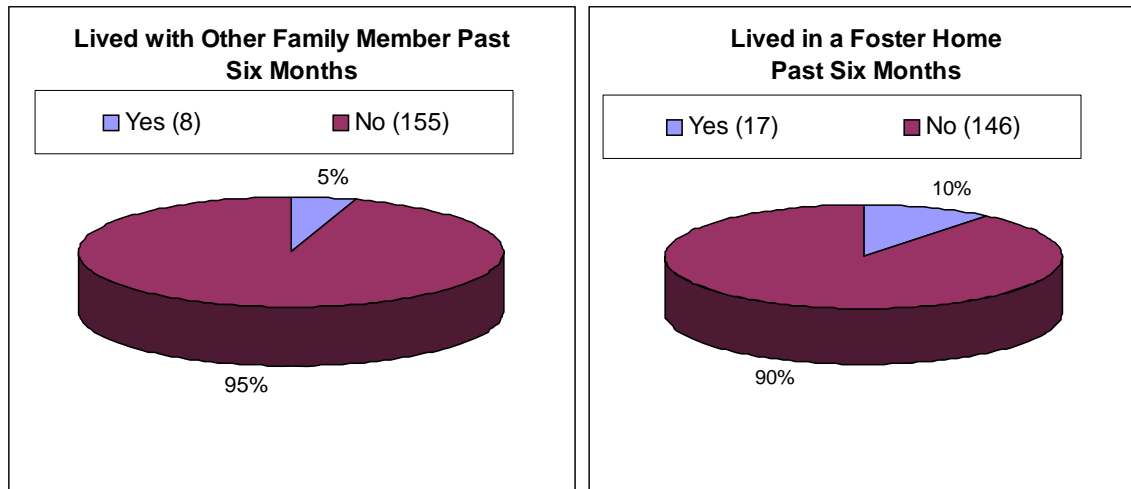
Whether have Other Insurance or Have No Insurance:



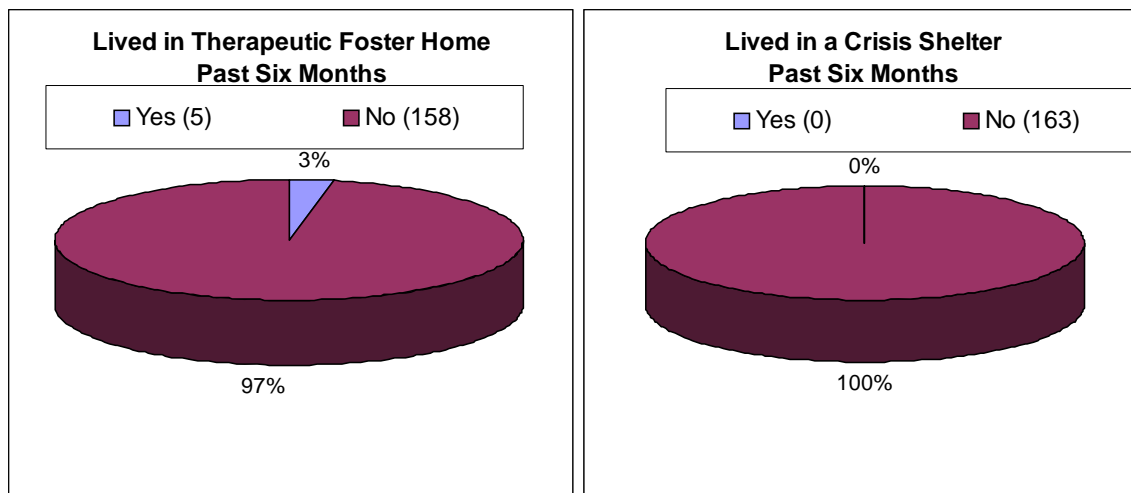
Whether Child/Youth Currently Living with Parent(s)/Guardian and Whether Lived with Parents in Past Six Months



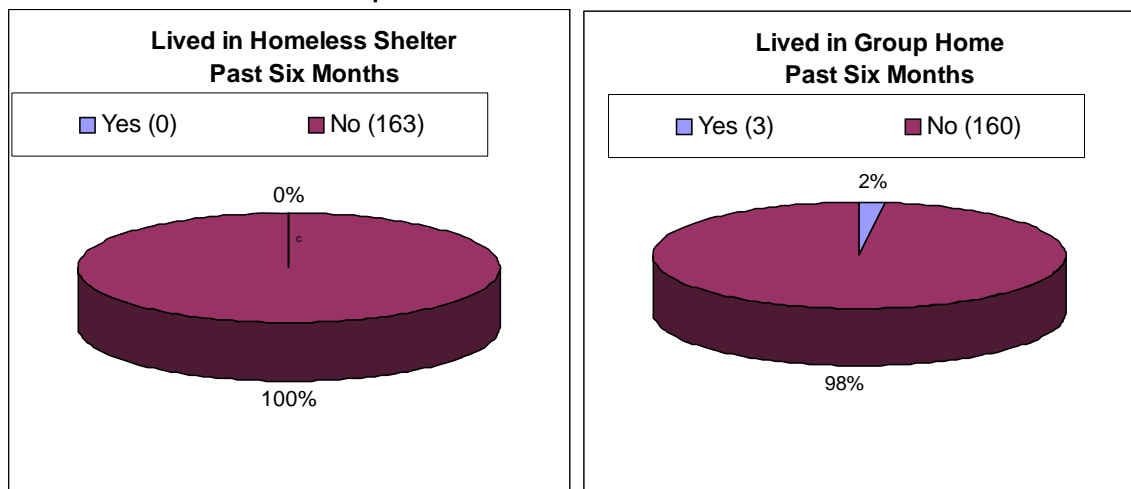
Whether Child/Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



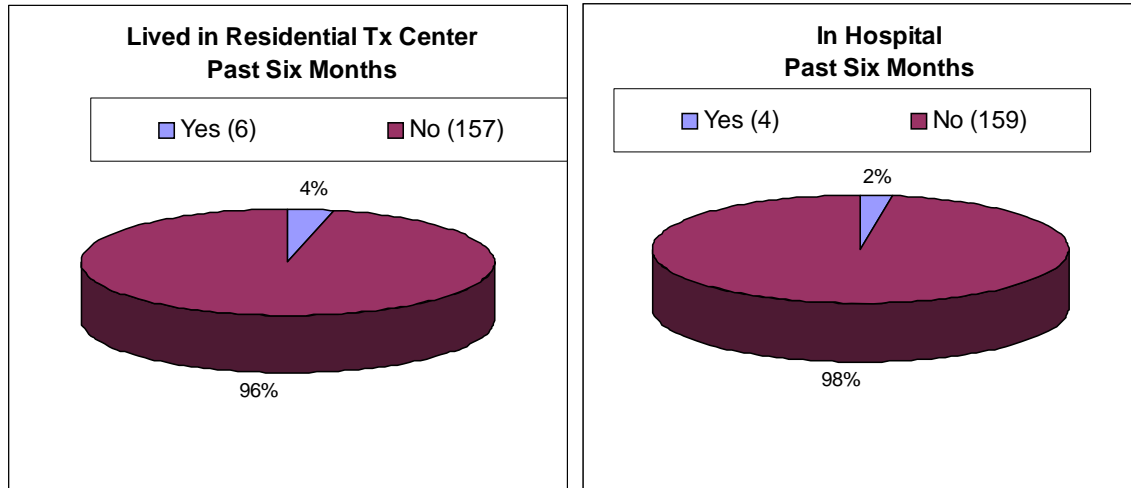
Whether Child/Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



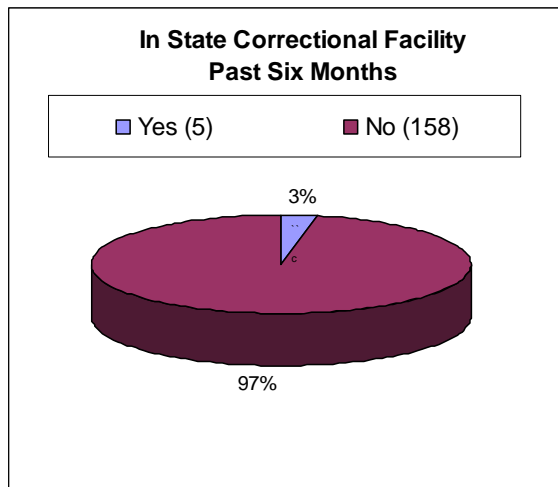
Whether Child/Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



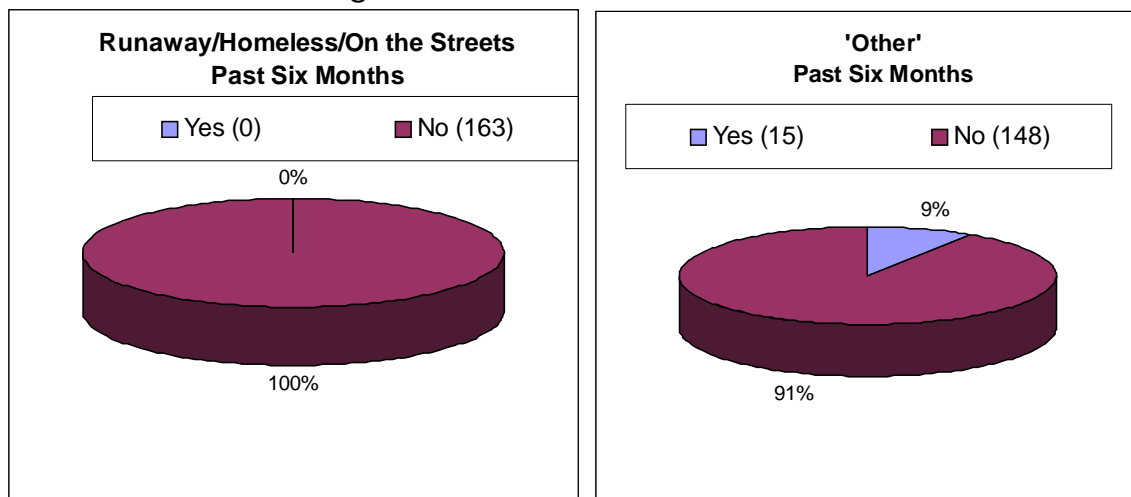
Whether Child/Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



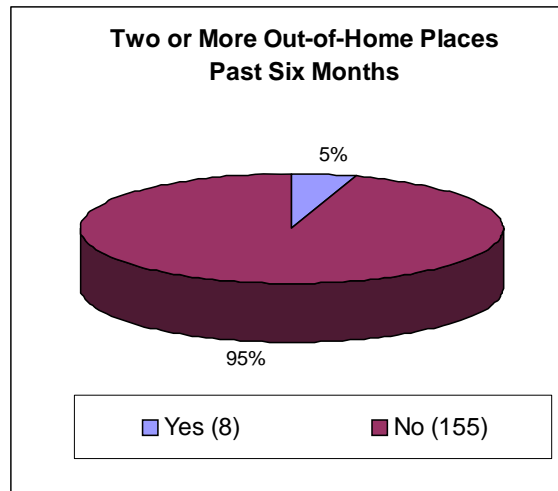
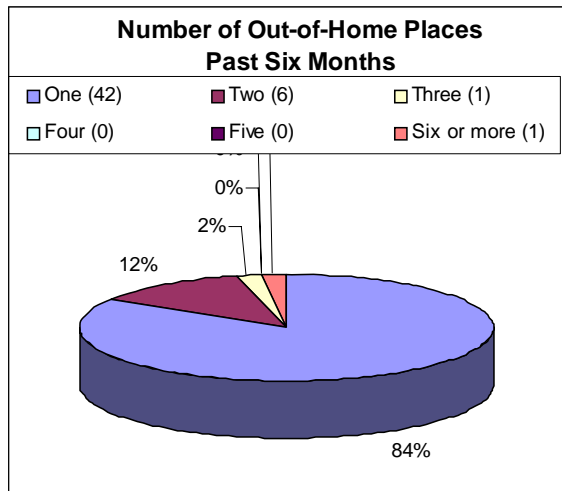
Whether Child/Youth Lived in State Correctional Facility Past Six Months



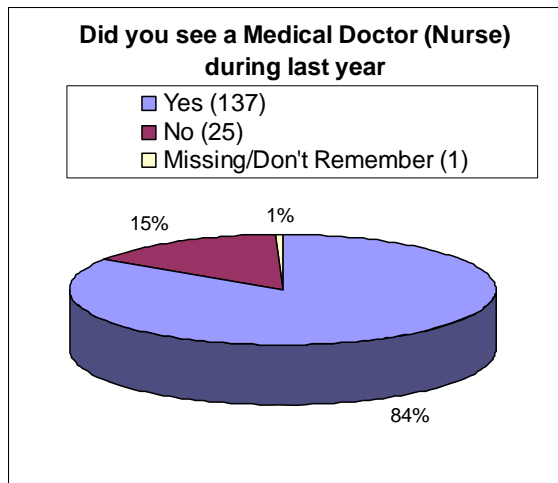
Whether Child/Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



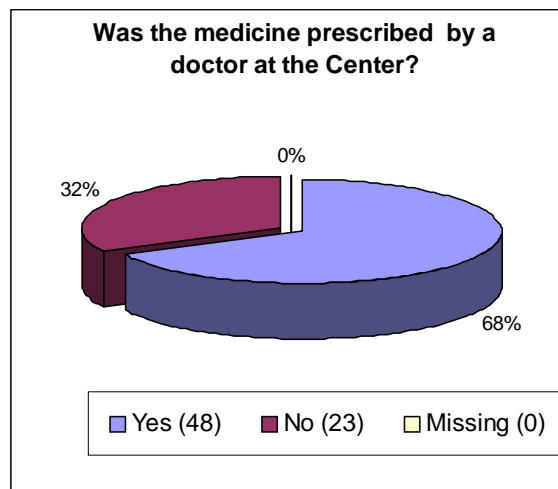
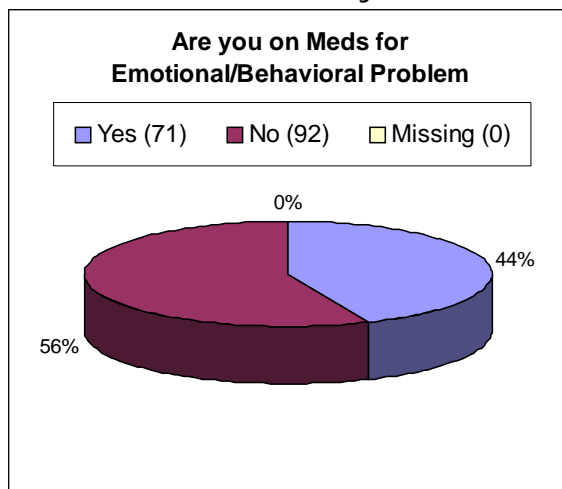
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Children/Youth with Two or More Out-of-Home Placements



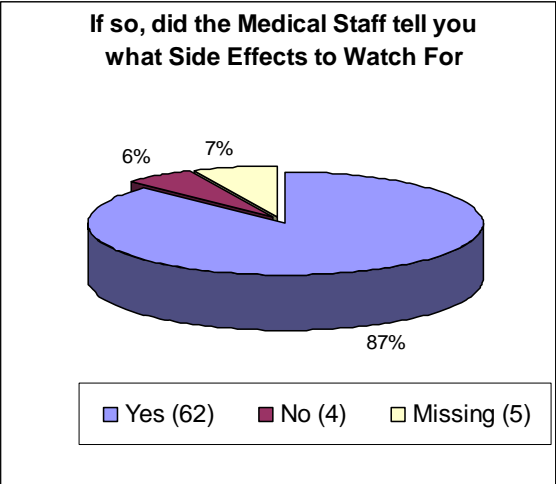
Whether Child/Youth Saw Doctor/Nurse for Check Up/Sick:



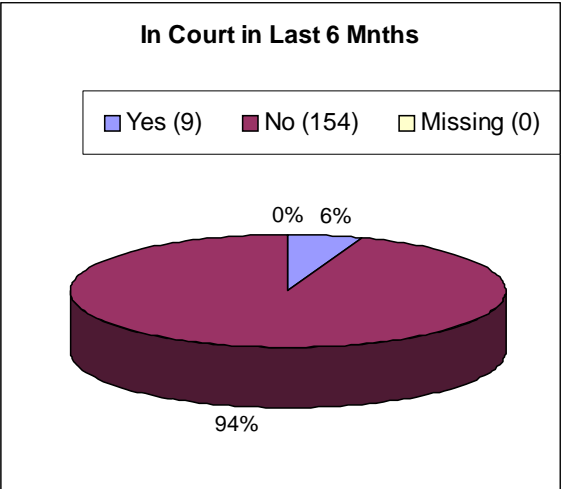
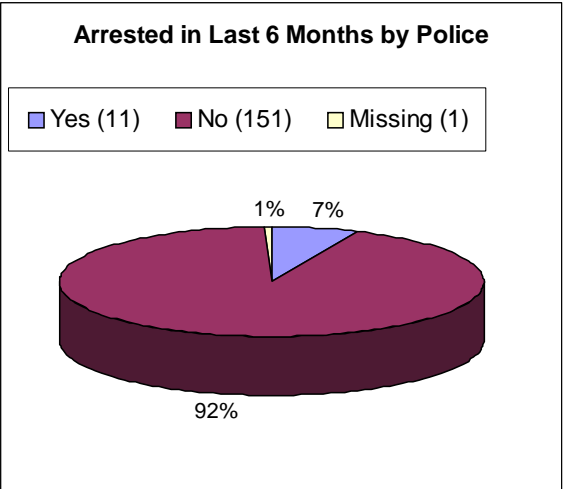
Child/Youth on Meds for Behavioral or Emotional Problems, and Was the Medicine Prescribed by a Doctor at the Center



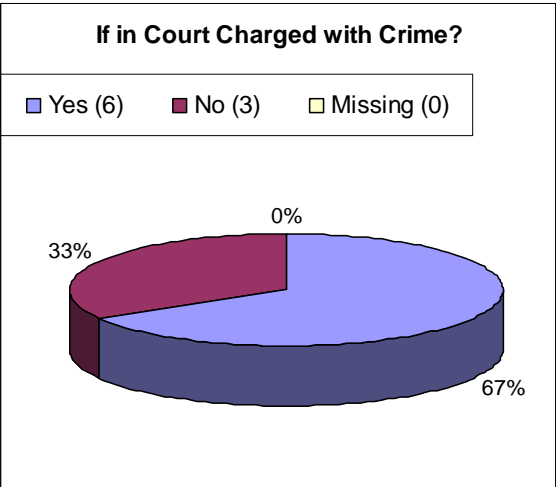
Did the Doctor or Nurse Warn about Possible Side Effects:



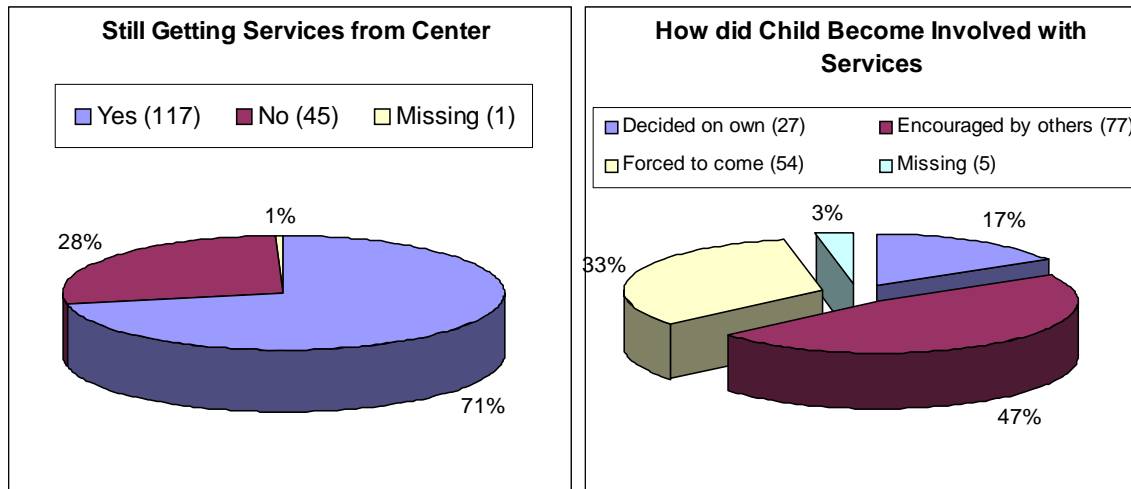
Whether the Child/Youth Arrested in Last 6 Months, and Whether Appeared in Court in past Six Months:



Whether if Been to Court Were You Charged With a Crime?



Whether Still Getting Services from Center and How Child Became Involved with Services



Whether Parents Received Supportive Services

